



# **ANNUAL STATEMENT**

For the Year Ended December 31, 2016

of the Condition and Affairs of the

# **Oklahoma Surety Company**

NAIC Group Code.....84, 84 (Current Period) (Prior Period)	NAIC Company Code..... 23426	Employer's ID Number..... 73-0773259
Organized under the Laws of OH	State of Domicile or Port of Entry OH	Country of Domicile US
Incorporated/Organized..... August 5, 1968	Commenced Business..... August 5, 1968	
Statutory Home Office	301 E. 4th Street..... Cincinnati ..... OH ..... US ..... 45202 (Street and Number) (City or Town, State, Country and Zip Code)	
Main Administrative Office	1437 South Boulder Dr..... Tulsa ..... OK ..... US..... 74119 (Street and Number) (City or Town, State, Country and Zip Code)	918-587-7221 (Area Code) (Telephone Number)
Mail Address	P.O. Box 1409..... Tulsa ..... OK ..... US ..... 74101 (Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)	
Primary Location of Books and Records	1437 South Boulder Dr..... Tulsa ..... OK ..... US ..... 74119 (Street and Number) (City or Town, State, Country and Zip Code)	918-587-7221 (Area Code) (Telephone Number)
Internet Web Site Address	http://www.mcg-ins.com/	
Statutory Statement Contact	Gregory Patrick Jones (Name) gjones@mcg-ins.com (E-Mail Address)	918-587-7221 x 61250 (Area Code) (Telephone Number) (Extension) 918-588-1253 (Fax Number)

## OFFICERS

Name	Title	Name	Title
1. James Steven Davis	President	2. Sharon Lee Anne Hackl	Secretary
3. Gregory Patrick Jones	Treasurer	4.	
<b>OTHER</b>			
Todd Anthony Bazata	Vice-President	Richard Leon Simpson	Vice-President
Stephen Kirby Pancoast	Vice-President	Gregory Patrick Jones	Vice-President
John Allen Gant	Vice-President	David Bernard Dyke	Vice-President
Robert Dewayne Martin	Vice-President		

## DIRECTORS OR TRUSTEES

State of..... Ohio  
County of.... Hamilton

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the *NAIC Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

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(Signature)  
James Steven Davis  
1. (Printed Name)  
President  
(Title)

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(Signature)  
Sharon Lee Anne Hackl  
2. (Printed Name)  
Secretary  
(Title)

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(Signature)  
Gregory Patrick Jones  
3. (Printed Name)  
Treasurer  
(Title)

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Subscribed and sworn to before me  
This 17th day of February, 2017

- a. Is this an original filing?
- b. If no
  - 1. State the amendment number
  - 2. Date filed
  - 3. Number of pages attached

**ASSETS**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	12,245,767		12,245,767	20,930,441
2. Stocks (Schedule D):				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$....133,337, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$....4,003,540, Schedule DA).....	4,136,877		4,136,877	4,941,707
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives (Schedule DB).....			0	
8. Other invested assets (Schedule BA).....			0	
9. Receivables for securities.....			0	10,332
10. Securities lending reinvested collateral assets (Schedule DL).....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	16,382,643	0	16,382,643	25,882,480
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	74,082		74,082	142,948
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....			0	
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			0	
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....			0	
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....			0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0	
18.2 Net deferred tax asset.....	3,150		3,150	307,869
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....			0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....			0	
24. Health care (\$.....0) and other amounts receivable.....			0	
25. Aggregate write-ins for other-than-invested assets.....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	16,459,875	0	16,459,875	26,333,297
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. TOTAL (Lines 26 and 27).....	16,459,875	0	16,459,875	26,333,297

**DETAILS OF WRITE-INS**

1101.....			0	
1102.....			0	
1103.....			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501.....			0	
2502.....			0	
2503.....			0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	0	0	0	0

**LIABILITIES, SURPLUS AND OTHER FUNDS**

	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 35, Column 8).....		6,135,400
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6).....		
3. Loss adjustment expenses (Part 2A, Line 35, Column 9).....		2,449,636
4. Commissions payable, contingent commissions and other similar charges.....		
5. Other expenses (excluding taxes, licenses and fees).....	387	198,654
6. Taxes, licenses and fees (excluding federal and foreign income taxes).....		22,397
7.1 Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses)).....	156,077	7,566
7.2 Net deferred tax liability.....		
8. Borrowed money \$.....0 and interest thereon \$.....0.....		
9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$.....9,436,794 and including warranty reserves of \$.....0 and accrued accident and health experience rating refunds including \$.....0 for medical loss ratio rebate per the Public Health Service Act).....		1,771,548
10. Advance premium.....		
11. Dividends declared and unpaid:		
11.1 Stockholders.....		
11.2 Policyholders.....		
12. Ceded reinsurance premiums payable (net of ceding commissions).....		
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19).....		
14. Amounts withheld or retained by company for account of others.....		
15. Remittances and items not allocated.....		
16. Provision for reinsurance (including \$.....0 certified) (Schedule F, Part 8).....		
17. Net adjustments in assets and liabilities due to foreign exchange rates.....		
18. Drafts outstanding.....		
19. Payable to parent, subsidiaries and affiliates.....	111,000	246,922
20. Derivatives.....		
21. Payable for securities.....		
22. Payable for securities lending.....		
23. Liability for amounts held under uninsured plans.....		
24. Capital notes \$.....0 and interest thereon \$.....0.....		
25. Aggregate write-ins for liabilities.....	0	(2)
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25).....	267,464	10,832,121
27. Protected cell liabilities.....		
28. Total liabilities (Lines 26 and 27).....	267,464	10,832,121
29. Aggregate write-ins for special surplus funds.....	0	0
30. Common capital stock.....	2,500,000	2,500,000
31. Preferred capital stock.....		
32. Aggregate write-ins for other-than-special surplus funds.....	0	0
33. Surplus notes.....		
34. Gross paid in and contributed surplus.....	1,400,000	1,400,000
35. Unassigned funds (surplus).....	12,292,411	11,601,174
36. Less treasury stock, at cost:		
36.1 .....0.000 shares common (value included in Line 30 \$.....0).....		
36.2 .....0.000 shares preferred (value included in Line 31 \$.....0).....		
37. Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39).....	16,192,411	15,501,174
38. TOTAL (Page 2, Line 28, Col. 3).....	16,459,875	26,333,295

**DETAILS OF WRITE-INS**

2501. Rounding.....		(2)
2502. .....		
2503. .....		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	0	(2)
2901. .....		
2902. .....		
2903. .....		
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....	0	0
3201. .....		
3202. .....		
3203. .....		
3298. Summary of remaining write-ins for Line 32 from overflow page.....	0	0
3299. Totals (Lines 3201 through 3203 plus 3298) (Line 32 above).....	0	0

**STATEMENT OF INCOME**

	1 Current Year	2 Prior Year
<b>UNDERWRITING INCOME</b>		
1. Premiums earned (Part 1, Line 35, Column 4).....		4,182,080
DEDUCTIONS:		
2. Losses incurred (Part 2, Line 35, Column 7).....		1,558,157
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1).....		1,047,987
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2).....		1,715,079
5. Aggregate write-ins for underwriting deductions.....	0	0
6. Total underwriting deductions (Lines 2 through 5).....	0	4,321,223
7. Net income of protected cells.....		
8. Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7).....	0	(139,143)
<b>INVESTMENT INCOME</b>		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17).....	435,663	596,029
10. Net realized capital gains (losses) less capital gains tax of \$....64,396 (Exhibit of Capital Gains (Losses)).....	151,410	39,288
11. Net investment gain (loss) (Lines 9 + 10).....	587,073	635,317
<b>OTHER INCOME</b>		
12. Net gain (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....0).....	0	
13. Finance and service charges not included in premiums.....		
14. Aggregate write-ins for miscellaneous income.....	(2,759)	(3,140)
15. Total other income (Lines 12 through 14).....	(2,759)	(3,140)
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15).....	584,314	493,034
17. Dividends to policyholders.....		
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17).....	584,314	493,034
19. Federal and foreign income taxes incurred.....	(411,641)	(35,215)
20. Net income (Line 18 minus Line 19) (to Line 22).....	995,955	528,249
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2).....	15,501,174	16,616,838
22. Net income (from Line 20).....	995,955	528,249
23. Net transfers (to) from Protected Cell accounts.....		
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$.....0.....		
25. Change in net unrealized foreign exchange capital gain (loss).....		
26. Change in net deferred income tax.....	(472,729)	(53,649)
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Column 3).....	168,011	9,737
28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1).....		
29. Change in surplus notes.....		
30. Surplus (contributed to) withdrawn from Protected Cells.....		
31. Cumulative effect of changes in accounting principles.....		
32. Capital changes:		
32.1 Paid in.....		
32.2 Transferred from surplus (Stock Dividend).....		
32.3 Transferred to surplus.....		
33. Surplus adjustments:		
33.1 Paid in.....		
33.2 Transferred to capital (Stock Dividend).....		
33.3. Transferred from capital.....		
34. Net remittances from or (to) Home Office.....		
35. Dividends to stockholders.....		(1,600,000)
36. Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1).....		
37. Aggregate write-ins for gains and losses in surplus.....	0	(1)
38. Change in surplus as regards policyholders for the year (Lines 22 through 37).....	691,237	(1,115,664)
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37).....	16,192,411	15,501,174

**DETAILS OF WRITE-INS**

0501.....		
0502.....		
0503.....		
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above).....	0	0
1401. Miscellaneous Income.....	(2,759)	(3,140)
1402.....		
1403.....		
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....	(2,759)	(3,140)
3701. Rounding.....		(1)
3702.....		
3703.....		
3798. Summary of remaining write-ins for Line 37 from overflow page.....	0	0
3799. Totals (Lines 3701 through 3703 plus 3798) (Line 37 above).....	0	(1)

**CASH FLOW**

	1 Current Year	2 Prior Year
<b>CASH FROM OPERATIONS</b>		
1. Premiums collected net of reinsurance.....	.....3,936,555	
2. Net investment income.....	592,707	782,771
3. Miscellaneous income.....	(2,759)	(3,140)
4. Total (Lines 1 through 3).....	589,948	4,716,186
5. Benefit and loss related payments.....	2,238,399	1,336,256
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions.....	1,016,954	2,839,112
8. Dividends paid to policyholders.....		
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	(495,756)	(22,305)
10. Total (Lines 5 through 9).....	2,759,597	4,153,063
11. Net cash from operations (Line 4 minus Line 10).....	(2,169,649)	563,123
<b>CASH FROM INVESTMENTS</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	1,500,739	8,103,225
12.2 Stocks.....		
12.3 Mortgage loans.....		
12.4 Real estate.....		
12.5 Other invested assets.....		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....		
12.7 Miscellaneous proceeds.....		
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	1,500,739	8,103,225
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....		7,392,501
13.2 Stocks.....		
13.3 Mortgage loans.....		
13.4 Real estate.....		
13.5 Other invested assets.....		
13.6 Miscellaneous applications.....		10,332
13.7 Total investments acquired (Lines 13.1 to 13.6).....	0	7,402,833
14. Net increase (decrease) in contract loans and premium notes.....		
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	1,500,739	700,392
<b>CASH FROM FINANCING AND MISCELLANEOUS SOURCES</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes.....		
16.2 Capital and paid in surplus, less treasury stock.....		
16.3 Borrowed funds.....		
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....		
16.5 Dividends to stockholders.....		1,600,000
16.6 Other cash provided (applied).....	(135,921)	343,268
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	(135,921)	(1,256,732)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....	(804,831)	6,783
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	4,941,708	4,934,925
19.2 End of year (Line 18 plus Line 19.1).....	4,136,877	4,941,708

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001 Securities transferred in satisfaction of I/C payable balances.....	(7,321,033)	
20.0002 Exchange of Debt Securities.....	.....1,863,596	

**Oklahoma Surety Company**  
**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 1 - PREMIUMS EARNED**

Line of Business	1 Net Premiums Written per Column 6, Part 1B	2 Unearned Premiums December 31 Prior Year- per Col. 3, Last Year's Part 1	3 Unearned Premiums December 31 Current Year- per Col. 5, Part 1A	4 Premiums Earned During Year (Cols. 1 + 2 - 3)
1. Fire.....	(27)	27	0	0
2. Allied lines.....	(38)	38	0	0
3. Farmowners multiple peril.....	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0
5. Commercial multiple peril.....	(243)	243	0	0
6. Mortgage guaranty.....	0	0	0	0
8. Ocean marine.....	0	0	0	0
9. Inland marine.....	(102,332)	102,332	0	0
10. Financial guaranty.....	0	0	0	0
11.1 Medical professional liability - occurrence.....	0	0	0	0
11.2 Medical professional liability - claims-made.....	0	0	0	0
12. Earthquake.....	0	0	0	0
13. Group accident and health.....	0	0	0	0
14. Credit accident and health (group and individual).....	0	0	0	0
15. Other accident and health.....	0	0	0	0
16. Workers' compensation.....	0	0	0	0
17.1 Other liability - occurrence.....	(857,420)	857,420	0	0
17.2 Other liability - claims-made.....	(107,329)	107,329	0	0
17.3 Excess workers' compensation.....	0	0	0	0
18.1 Products liability - occurrence.....	(348,331)	348,331	0	0
18.2 Products liability - claims-made.....	0	0	0	0
19.1, 19.2 Private passenger auto liability.....	(12)	12	0	0
19.3, 19.4 Commercial auto liability.....	(156,348)	156,348	0	0
21. Auto physical damage.....	(69,291)	69,291	0	0
22. Aircraft (all perils).....	0	0	0	0
23. Fidelity.....	0	0	0	0
24. Surety.....	(130,177)	130,177	0	0
26. Burglary and theft.....	0	0	0	0
27. Boiler and machinery.....	0	0	0	0
28. Credit.....	0	0	0	0
29. International.....	0	0	0	0
30. Warranty.....	0	0	0	0
31. Reinsurance - nonproportional assumed property.....	0	0	0	0
32. Reinsurance - nonproportional assumed liability.....	0	0	0	0
33. Reinsurance - nonproportional assumed financial lines.....	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0
35. TOTALS.....	(1,771,548)	1,771,548	0	0

**DETAILS OF WRITE-INS**

3401. ....	0	0	0	0
3402. ....	0	0	0	0
3403. ....	0	0	0	0
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above).....	0	0	0	0

**Oklahoma Surety Company**  
**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 1A - RECAPITULATION OF ALL PREMIUMS**

Line of Business	1 Amount Unearned (Running One Year or Less from Date of Policy) (a)	2 Amount Unearned (Running More Than One Year from Date of Policy) (a)	3 Earned But Unbilled Premium	4 Reserve for Rate Credits and Retrospective Adjustments Based on Experience	5 Total Reserve for Unearned Premiums Cols. 1 + 2 + 3 + 4
1. Fire.....					0
2. Allied lines.....					0
3. Farmowners multiple peril.....					0
4. Homeowners multiple peril.....					0
5. Commercial multiple peril.....					0
6. Mortgage guaranty.....					0
8. Ocean marine.....					0
9. Inland marine.....					0
10. Financial guaranty.....					0
11.1 Medical professional liability - occurrence.....					0
11.2 Medical professional liability - claims-made.....					0
12. Earthquake.....					0
13. Group accident and health.....					0
14. Credit accident and health (group and individual).....					0
15. Other accident and health.....					0
16. Workers' compensation.....					0
17.1 Other liability - occurrence.....					0
17.2 Other liability - claims-made.....					0
17.3 Excess workers' compensation.....					0
18.1 Products liability - occurrence.....					0
18.2 Products liability - claims-made.....					0
19.1, 19.2 Private passenger auto liability.....					0
19.3, 19.4 Commercial auto liability.....					0
21. Auto physical damage.....					0
22. Aircraft (all perils).....					0
23. Fidelity.....					0
24. Surety.....					0
26. Burglary and theft.....					0
27. Boiler and machinery.....					0
28. Credit.....					0
29. International.....					0
30. Warranty.....					0
31. Reinsurance - nonproportional assumed property.....					0
32. Reinsurance - nonproportional assumed liability.....					0
33. Reinsurance - nonproportional assumed financial lines.....					0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0
35. TOTALS.....	0	0	0	0	0
36. Accrued retrospective premiums based on experience.....					
37. Earned but unbilled premiums.....					0
38. Balance (sum of Lines 35 through 37).....					0

**NONE**

**DETAILS OF WRITE-INS**

3401. ....					0
3402. ....					0
3403. ....					0
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above).....	0	0	0	0	0

(a) State here basis of computation used in each case:

**Oklahoma Surety Company**  
**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 1B - PREMIUMS WRITTEN**

Line of Business	1 Direct Business (a)	Reinsurance Assumed		Reinsurance Ceded		6 Net Premiums Written (Cols. 1 + 2 + 3 - 4 - 5)
		2 From Affiliates	3 From Non-Affiliates	4 To Affiliates	5 To Non-Affiliates	
1. Fire.....		(27)				(27)
2. Allied lines.....		(38)				(38)
3. Farmowners multiple peril.....						0
4. Homeowners multiple peril.....						0
5. Commercial multiple peril.....		(243)				(243)
6. Mortgage guaranty.....						0
8. Ocean marine.....						0
9. Inland marine.....		(102,332)				(102,332)
10. Financial guaranty.....						0
11.1 Medical professional liability - occurrence.....						0
11.2 Medical professional liability - claims-made.....						0
12. Earthquake.....						0
13. Group accident and health.....						0
14. Credit accident and health (group and individual).....						0
15. Other accident and health.....						0
16. Workers' compensation.....						0
17.1 Other liability - occurrence.....	6,021,139	(857,420)		6,021,139		(857,420)
17.2 Other liability - claims-made.....		(107,329)				(107,329)
17.3 Excess workers' compensation.....						0
18.1 Products liability - occurrence.....	2,451,919	(348,331)		2,451,919		(348,331)
18.2 Products liability - claims-made.....						0
19.1, 19.2 Private passenger auto liability.....		(12)				(12)
19.3, 19.4 Commercial auto liability.....	5,849,285	(156,348)		5,849,285		(156,348)
21. Auto physical damage.....	2,209,418	(69,291)		2,209,418		(69,291)
22. Aircraft (all perils).....						0
23. Fidelity.....						0
24. Surety.....	2,727,398	(130,177)		2,727,398		(130,177)
26. Burglary and theft.....						0
27. Boiler and machinery.....						0
28. Credit.....						0
29. International.....						0
30. Warranty.....						0
31. Reinsurance - nonproportional assumed property.....	XXX					0
32. Reinsurance - nonproportional assumed liability.....	XXX					0
33. Reinsurance - nonproportional assumed financial lines.....	XXX					0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
35. TOTALS.....	19,259,159	(1,771,548)	0	19,259,159	0	(1,771,548)

**DETAILS OF WRITE-INS**

3401.....						0
3402.....						0
3403.....						0
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0	0	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above).....	0	0	0	0	0	0

(a) Does the company's direct premiums written include premiums recorded on an installment basis? Yes [ ] No [ X ]

If yes: 1. The amount of such installment premiums \$.....0.

2. Amount at which such installment premiums would have been reported had they been recorded on an annualized basis \$.....0.

**UNDERWRITING AND INVESTMENT EXHIBIT****PART 2 - LOSSES PAID AND INCURRED**

Line of Business	Losses Paid Less Salvage				5 Net Losses Unpaid Current Year (Part 2A, Col. 8)	6 Net Losses Unpaid Prior Year	7 Losses Incurred Current Year (Cols. 4 + 5 - 6)	8 Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Recovered	4 Net Payments (Cols. 1 + 2 - 3)				
1. Fire.....				0	0		0	0.0
2. Allied lines.....				0	0		0	0.0
3. Farmowners multiple peril.....				0	0		0	0.0
4. Homeowners multiple peril.....				0	0		0	0.0
5. Commercial multiple peril.....		30,315		30,315	0	30,315	0	0.0
6. Mortgage guaranty.....				0	0		0	0.0
8. Ocean marine.....				0	0		0	0.0
9. Inland marine.....		34,996		34,996	0	34,996	0	0.0
10. Financial guaranty.....				0	0		0	0.0
11.1 Medical professional liability - occurrence.....				0	0		0	0.0
11.2 Medical professional liability - claims-made.....				0	0		0	0.0
12. Earthquake.....				0	0		0	0.0
13. Group accident and health.....				0	0		0	0.0
14. Credit accident and health (group and individual).....				0	0		0	0.0
15. Other accident and health.....				0	0		0	0.0
16. Workers' compensation.....		(7,024)		(7,024)	0	(7,024)	0	0.0
17.1 Other liability - occurrence.....	878,663	2,590,312	878,663	2,590,312	0	2,590,312	0	0.0
17.2 Other liability - claims-made.....		208,092		208,092	0	208,092	0	0.0
17.3 Excess workers' compensation.....				0	0		0	0.0
18.1 Products liability - occurrence.....	151,408	2,919,714	151,408	2,919,714	0	2,919,714	0	0.0
18.2 Products liability - claims-made.....				0	0		0	0.0
19.1, 19.2 Private passenger auto liability.....	67,183	467	67,183	467	0	467	0	0.0
19.3, 19.4 Commercial auto liability.....	1,107,289	317,320	1,107,289	317,320	0	317,320	0	0.0
21. Auto physical damage.....	814,738	16,380	814,738	16,380	0	16,380	0	0.0
22. Aircraft (all perils).....				0	0		0	0.0
23. Fidelity.....				0	0		0	0.0
24. Surety.....	(3,340)	24,828	(3,340)	24,828	0	24,828	0	0.0
26. Burglary and theft.....				0	0		0	0.0
27. Boiler and machinery.....				0	0		0	0.0
28. Credit.....				0	0		0	0.0
29. International.....				0	0		0	0.0
30. Warranty.....				0	0		0	0.0
31. Reinsurance - nonproportional assumed property.....	XXX			0	0		0	0.0
32. Reinsurance - nonproportional assumed liability.....	XXX			0	0		0	0.0
33. Reinsurance - nonproportional assumed financial lines.....	XXX			0	0		0	0.0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0.0
35. TOTALS.....	3,015,941	6,135,400	3,015,941	6,135,400	0	6,135,400	0	0.0

**DETAILS OF WRITE-INS**

3401. ....					0	0	0	0.0
3402. ....					0	0	0	0.0
3403. ....					0	0	0	0.0
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0	0	0	0	0	0	XXX.....
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above).....	0	0	0	0	0	0	0	0.0

**UNDERWRITING AND INVESTMENT EXHIBIT****PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES**

Line of Business	Reported Losses				Incurred But Not Reported			8	9
	1	2	3	4	5	6	7		
	Direct	Reinsurance Assumed	Deduct Reinsurance Recoverable	Net Losses Excluding Incurred but not Reported (Cols. 1 + 2 - 3)	Direct	Reinsurance Assumed	Reinsurance Ceded	Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	Net Unpaid Loss Adjustment Expenses
1. Fire.....				0				0	0
2. Allied lines.....				0				0	0
3. Farmowners multiple peril.....				0				0	0
4. Homeowners multiple peril.....				0				0	0
5. Commercial multiple peril.....				0				0	0
6. Mortgage guaranty.....				0				0	0
8. Ocean marine.....				0				0	0
9. Inland marine.....				0				0	0
10. Financial guaranty.....				0				0	0
11.1 Medical professional liability - occurrence.....				0				0	0
11.2 Medical professional liability - claims-made.....				0				0	0
12. Earthquake.....				0				0	0
13. Group accident and health.....				0				(a).	0
14. Credit accident and health (group and individual).....				0				0	0
15. Other accident and health.....				0				(a).	0
16. Workers' compensation.....				0				0	0
17.1 Other liability - occurrence.....	737,947		737,947	0		4,000,000		4,000,000	0
17.2 Other liability - claims-made.....				0				0	0
17.3 Excess workers' compensation.....				0				0	0
18.1 Products liability - occurrence.....	708,404		708,404	0		2,000,000		2,000,000	0
18.2 Products liability - claims-made.....				0				0	0
19.1, 19.2 Private passenger auto liability.....	23,757		23,757	0				0	0
19.3, 19.4 Commercial auto liability.....	582,755		582,755	0				0	0
21. Auto physical damage.....	114,609		114,609	0				0	0
22. Aircraft (all perils).....				0				0	0
23. Fidelity.....				0				0	0
24. Surety.....	12,371		12,371	0				0	0
26. Burglary and theft.....				0				0	0
27. Boiler and machinery.....				0				0	0
28. Credit.....				0				0	0
29. International.....				0				0	0
30. Warranty.....				0				0	0
31. Reinsurance - nonproportional assumed property.....	XXX			0	XXX			0	0
32. Reinsurance - nonproportional assumed liability.....	XXX			0	XXX			0	0
33. Reinsurance - nonproportional assumed financial lines.....	XXX			0	XXX			0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0
35. TOTALS.....	2,179,843	0	2,179,843	0	6,000,000	0	6,000,000	0	0

**DETAILS OF WRITE-INS**

3401. ....				0				0	
3402. ....				0				0	
3403. ....				0				0	
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above).....	0	0	0	0	0	0	0	0	0

(a) Including \$.....0 for present value of life indemnity claims.

**Oklahoma Surety Company**  
**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 3 - EXPENSES**

	1	2	3	4
	Loss Adjustment Expenses	Other Underwriting Expenses	Investment Expenses	Total
1. Claim adjustment services:				
1.1 Direct.....	1,094,555			1,094,555
1.2 Reinsurance assumed.....				0
1.3 Reinsurance ceded.....	1,094,555			1,094,555
1.4 Net claim adjustment services (1.1 + 1.2 - 1.3).....	0	0	0	0
2. Commission and brokerage:				
2.1 Direct, excluding contingent.....		3,860,173		3,860,173
2.2 Reinsurance assumed, excluding contingent.....				0
2.3 Reinsurance ceded, excluding contingent.....		3,860,173		3,860,173
2.4 Contingent - direct.....				0
2.5 Contingent - reinsurance assumed.....				0
2.6 Contingent - reinsurance ceded.....				0
2.7 Policy and membership fees.....				0
2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7).....	0	0	0	0
3. Allowances to manager and agents.....				0
4. Advertising.....				0
5. Boards, bureaus and associations.....				0
6. Surveys and underwriting reports.....				0
7. Audit of assureds' records.....				0
8. Salary and related items:				
8.1 Salaries.....				0
8.2 Payroll taxes.....				0
9. Employee relations and welfare.....				0
10. Insurance.....				0
11. Directors' fees.....				0
12. Travel and travel items.....				0
13. Rent and rent items.....				0
14. Equipment.....				0
15. Cost or depreciation of EDP equipment and software.....				0
16. Printing and stationery.....				0
17. Postage, telephone and telegraph, exchange and express.....				0
18. Legal and auditing.....				0
19. Totals (Lines 3 to 18).....	0	0	0	0
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$.....0.....				0
20.2 Insurance department licenses and fees.....				0
20.3 Gross guaranty association assessments.....				0
20.4 All other (excluding federal and foreign income and real estate).....				0
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4).....	0	0	0	0
21. Real estate expenses.....				0
22. Real estate taxes.....				0
23. Reimbursements by uninsured plans.....				0
24. Aggregate write-ins for miscellaneous expenses.....	0	0	2,790	2,790
25. Total expenses incurred.....	0	0	2,790	(a).....2,790
26. Less unpaid expenses - current year.....		(1)	388	387
27. Add unpaid expenses - prior year.....	2,449,635	219,801	1,250	2,670,686
28. Amounts receivable relating to uninsured plans, prior year.....				0
29. Amounts receivable relating to uninsured plans, current year.....				0
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29).....	2,449,635	219,802	3,652	2,673,089

**DETAILS OF WRITE-INS**

2401. Investment Fees.....			2,790	2,790
2402. ....				0
2403. ....				0
2498. Summary of remaining write-ins for Line 24 from overflow page.....	0	0	0	0
2499. Totals (Lines 2401 through 2403 plus 2498) (Line 24 above).....	0	0	2,790	2,790

(a) Includes management fees of \$....2,820 to affiliates and \$.....0 to non-affiliates.

**EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....	.....
1.1 Bonds exempt from U.S. tax.....	(a).....384,496	.....319,166
1.2 Other bonds (unaffiliated).....	(a).....116,747	.....113,211
1.3 Bonds of affiliates.....	(a).....	.....
2.1 Preferred stocks (unaffiliated).....	(b).....	.....
2.11 Preferred stocks of affiliates.....	(b).....	.....
2.2 Common stocks (unaffiliated).....	.....	.....
2.21 Common stocks of affiliates.....	.....	.....
3. Mortgage loans.....	(c).....	.....
4. Real estate.....	(d).....	.....
5. Contract loans.....	.....	.....
6. Cash, cash equivalents and short-term investments.....	(e).....6,076	.....6,076
7. Derivative instruments.....	(f).....	.....
8. Other invested assets.....	.....	.....
9. Aggregate write-ins for investment income.....	0	0
10. Total gross investment income.....	507,319	438,453
11. Investment expenses.....	.....	(g).....2,790
12. Investment taxes, licenses and fees, excluding federal income taxes.....	.....	(g).....
13. Interest expense.....	.....	(h).....
14. Depreciation on real estate and other invested assets.....	.....	(i).....0
15. Aggregate write-ins for deductions from investment income.....	.....	0
16. Total deductions (Lines 11 through 15).....	.....	2,790
17. Net investment income (Line 10 minus Line 16).....	.....	435,663

**DETAILS OF WRITE-INS**

0901.....	.....	.....
0902.....	.....	.....
0903.....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page.....	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....	0	0
1501.....	.....	.....
1502.....	.....	.....
1503.....	.....	.....
1598. Summary of remaining write-ins for Line 15 from overflow page.....	.....	0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above).....	.....	0

(a) Includes \$....3,781 accrual of discount less \$....92,821 amortization of premium and less \$.....0 paid for accrued interest on purchases.  
 (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.  
 (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.  
 (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.  
 (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.  
 (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.  
 (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.  
 (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.  
 (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. government bonds.....	.....	.....	0	.....	.....
1.1 Bonds exempt from U.S. tax.....	199,380	.....	199,380	.....	.....
1.2 Other bonds (unaffiliated).....	16,426	.....	16,426	.....	.....
1.3 Bonds of affiliates.....	.....	.....	0	.....	.....
2.1 Preferred stocks (unaffiliated).....	.....	.....	0	.....	.....
2.11 Preferred stocks of affiliates.....	.....	.....	0	.....	.....
2.2 Common stocks (unaffiliated).....	.....	.....	0	.....	.....
2.21 Common stocks of affiliates.....	.....	.....	0	.....	.....
3. Mortgage loans.....	.....	.....	0	.....	.....
4. Real estate.....	.....	.....	0	.....	.....
5. Contract loans.....	.....	.....	0	.....	.....
6. Cash, cash equivalents and short-term investments.....	.....	.....	0	.....	.....
7. Derivative instruments.....	.....	.....	0	.....	.....
8. Other invested assets.....	.....	.....	0	.....	.....
9. Aggregate write-ins for capital gains (losses).....	0	0	0	0	0
10. Total capital gains (losses).....	215,806	0	215,806	0	0

**DETAILS OF WRITE-INS**

0901.....	.....	.....	0	.....	.....
0902.....	.....	.....	0	.....	.....
0903.....	.....	.....	0	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page.....	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....	0	0	0	0	0

**EXHIBIT OF NONADMITTED ASSETS**

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....			0
2. Stocks (Schedule D):			0
2.1 Preferred stocks.....			0
2.2 Common stocks.....			0
3. Mortgage loans on real estate (Schedule B):			0
3.1 First liens.....			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			0
4.1 Properties occupied by the company.....			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale.....			0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			0
6. Contract loans.....			0
7. Derivatives (Schedule DB).....			0
8. Other invested assets (Schedule BA).....			0
9. Receivables for securities.....			0
10. Securities lending reinvested collateral assets (Schedule DL).....			0
11. Aggregate write-ins for invested assets.....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	0	0	0
13. Title plants (for Title insurers only).....			0
14. Investment income due and accrued.....			0
15. Premiums and considerations:			0
15.1 Uncollected premiums and agents' balances in the course of collection.....			0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			0
15.3 Accrued retrospective premiums and contracts subject to redetermination.....			0
16. Reinsurance:			0
16.1 Amounts recoverable from reinsurers.....			0
16.2 Funds held by or deposited with reinsured companies.....			0
16.3 Other amounts receivable under reinsurance contracts.....			0
17. Amounts receivable relating to uninsured plans.....			0
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0
18.2 Net deferred tax asset.....		168,011	168,011
19. Guaranty funds receivable or on deposit.....			0
20. Electronic data processing equipment and software.....			0
21. Furniture and equipment, including health care delivery assets.....			0
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0
23. Receivables from parent, subsidiaries and affiliates.....			0
24. Health care and other amounts receivable.....			0
25. Aggregate write-ins for other-than-invested assets.....	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	0	168,011	168,011
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0
28. TOTALS (Lines 26 and 27).....	0	168,011	168,011

**DETAILS OF WRITE-INS**

1101.....			0
1102.....			0
1103.....			0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....	0	0	0
2501. Rounding.....			0
2502.....			0
2503.....			0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	0	0	0

**1.) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES****A. Accounting Practices**

The financial statements of Oklahoma Surety Company ("the Company") are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance.

The Ohio Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the state of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for purposes of determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners' ("NAIC") *Accounting Practices and Procedures Manual* has been adopted as a component of prescribed or permitted practices by the state of Ohio. The Company has no prescribed or permitted practices that would result in differences between NAIC SAP and the state of Ohio basis, as shown below:

	<u>SSAP #</u>	<u>F/S Page #</u>	<u>F/S Line #</u>	<u>2016</u>	<u>2015</u>
Net income, state basis	-	-	-	\$ 995,955	\$ 528,249
Effect of state prescribed practices	-	-	-		-
Effect of state permitted practices	-	-	-		-
Net income, NAIC SAP	-	-	-	\$ 995,955	\$ 528,249
Statutory surplus, state basis	-	-	-	\$ 16,192,411	\$ 15,501,174
Effect of state prescribed practices	-	-	-		-
Effect of state permitted practices	-	-	-		-
Statutory surplus, NAIC SAP	-	-	-	\$ 16,192,411	\$ 15,501,174

**B. Use of Estimates in the Preparation of the Financial Statements**

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

**C. Accounting Policies**

Investments – Invested asset values are generally stated as follows:

Bonds with a NAIC rating 1 and 2 are stated at amortized cost using the interest method; all others are stated at the lower of amortized cost or fair value. For residential mortgage-backed securities (RMBS), commercial mortgage-backed securities (CMBS) and loan-backed and structured securities (LBASS), the NAIC has retained third-party investment management firms to assist in the determination of the appropriate NAIC designations and Book Adjusted Carrying Values based not only on the probability of loss, but also the severity of loss. Those RMBS, CMBS and LBASS securities that are not modeled but receive a current year Acceptable Rating Organizations (ARO) rating are subject to the Modified FE process which determines the appropriate NAIC designations and Book Adjusted Carrying Values.

Short-term investments are stated at cost.

Unpaid Losses and Loss Adjustment Expenses – The net liabilities stated for unpaid claims and for expenses of investigation and adjustment of unpaid claims are based upon (a) the accumulation of case estimates for losses reported prior to the close of the accounting period on the direct business written; (b) estimates received from ceding reinsurers and insurance pools and associations; (c) estimates of unreported losses (including possible development on known claims) based on past experience; (d) estimates based on experience of expenses for investigating and adjusting claims; and (e) the current state of the law and coverage litigation. Establishing reserves for asbestos, environmental, and other mass tort claims involves considerably more judgment than other types of claims due to, among other things, inconsistent court decisions, an increase in bankruptcy filings as a result of asbestos-related liabilities, novel theories of coverage, and judicial interpretations that often expand theories of recovery and broaden the scope of coverage.

Loss reserve liabilities are subject to the impact of changes in claim amounts and frequency and other factors. Changes in estimates of the liabilities for losses and loss adjustment expenses are reflected in the Statement of Income in the period in which determined. Despite the variability inherent in such estimates, management believes the liabilities for unpaid losses and loss adjustment expenses are adequate.

Premium Deficiency Reserve – The Company does not use anticipated investment income as a factor in premium deficiency calculations.

Premium Recognition – Premiums are earned over the terms of the related insurance policies and reinsurance contracts. Unearned premium reserves are established to cover the unexpired portion of premiums written. Generally, for direct business, such reserves are computed by pro rata methods. For certain collateral protection products, earned premium and unearned premium reserves are computed consistent with the proportion of the total exposure provided throughout the term of the contract. For assumed business, unearned premium reserves are based on reports received from ceding companies for reinsurance.

Underwriting Expense Recognition – Expenses incurred in connection with acquiring new insurance business, including such acquisition costs as sales commissions, are charged to operations as incurred. Expenses incurred are reduced for ceding allowances received or receivable.

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Non-Admitted Assets – Certain assets designated as “non-admitted”, in accordance with Statement of Statutory Accounting Principles (SSAP) No. 4 Assets and Non-Admitted Assets, are excluded from the statutory balance sheet and such amounts are charged directly to unassigned funds.

D. Going Concern

After review of the Company's financial condition, management has no doubts about the Company's ability to continue as a going concern.

2.) ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

The Company did not have any material changes in accounting principles and/or corrections of errors.

3.) BUSINESS COMBINATIONS AND GOODWILL

- A. Statutory Purchase Method - Not Applicable.
- B. Statutory Merger - Not Applicable.
- C. Impairment Loss - Not Applicable.

4.) DISCONTINUED OPERATIONS

The Company did not have any discontinued operations during 2016.

5.) INVESTMENTS

- A. Mortgage Loans - The Company does not have any investment in mortgage loans.

- B. Debt Restructuring – No debt has been restructured during 2016.

- C. Reverse Mortgages – The Company does not invest in reverse mortgages.

- D. Loan-Backed Securities

1. The Company uses dealer-modeled prepayment assumptions for mortgage-backed and asset-backed securities at the date of purchase to determine effective yields; significant changes in estimated cash flows from the original purchase assumptions are accounted for on a prospective basis.

2. The Company had no loan-backed securities with a recognized other-than temporary impairment due to either the intent to sell or lack of intent to hold to recovery during 2016.

3. The Company had no loan-backed securities with a credit-related other-than-temporary impairment recognized during 2016.

4. The following table shows all loan-backed securities with an unrealized loss:

- a. The aggregate amount of unrealized losses:

1. Less than 12 months	\$ (103,173)
2. 12 months or longer	-

- b. The aggregate related fair value of securities with unrealized losses:

1. Less than 12 months	\$ 6,153,884
2. 12 months or longer	-

5. Based on cash flow projections received from independent sources (which reflect loan to collateral values, subordination, vintage and geographic concentration), implied cash flows inherent in security ratings and analysis of historical payment data, management believes that the Company will recover its cost basis in all securities with unrealized losses at December 31, 2016. The Company has the intent to hold such securities until they recover in value or mature.

E. Repurchase Agreements and Securities Lending – The Company does not invest in repurchase agreements or engage in securities lending.

F. Real Estate – The Company does not have any investment in real estate.

G. Low Income Housing Tax Credits – The Company does not have any investments in low income housing securities.

## H. Restricted Assets

## 1. Restricted Assets (Including Pledged)

	Gross (Admitted and NonAdmitted) Restricted								9	Percentage		
	Current Year					6	7	8		10	11	
	1	2	3	4	5							
	Total General Account (G/A)	G/A Supporting Protected Cell Account Activity (a)	Total Protected Cell Account Restricted Assets	Protected Cell Account Assets supporting G/A Activity (b)		Total (1 plus 3)	Total from prior year	Increase/(Decrease) (5 minus 6)	Total Non-Admitted Restricted	Total Admitted Restricted (5 minus 6)	Gross (Admitted & Non-Admitted) Restricted to Total Assets (c)	Admitted Restricted to Total Admitted Assets (d)
a. Subject to contractual obligation for which liability is not shown												
b. Collateral held under security lending agreements												
c. Subject to repurchase agreements												
d. Subject to reverse repurchase agreements												
e. Subject to dollar repurchase agreements												
f. Subject to dollar reverse repurchase agreements												
g. Placed under option contracts												
h. Letter stock or securities restricted as to sale												
i. FHLB capital stock												
j. On deposit with states	1,084,319				1,084,319	1,101,646	(17,327)		1,084,319	6.6%	6.6%	
k. On deposit with other regulatory bodies												
l. Pledged as collateral not captured in other categories												
m. Pledged as collateral not captured in other categories												
n. Other restricted assets												
o. Total restricted assets	1,084,319				1,084,319	1,101,646	(17,327)		1,084,319	6.6%	6.6%	

(a) Subset of column 1

(b) Subset of column 3

(c) Column 5 divided by Asset Page, Column 1, Line 28

(d) Column 9 divided by Asset Page, Column 3, Line 28

## 2. Detail of Assets Pledged as Collateral Not Captured in Other Categories – Not Applicable

## 3. Detail of Other Restricted Assets – Not Applicable

## 4. Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements – Not Applicable

I. Working Capital Finance Investments – the Company does not invest in working capital finance investments.

J. Offsetting and Netting of Assets and Liabilities – The Company does not offset or net assets and liabilities for derivatives, repurchase and reverse repurchase agreements, and securities borrowing and securities lending assets.

K. Structured Notes – The Company does not invest in structured notes.

L. 5\* Securities – Not Applicable

6.) JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES

The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies.

7.) INVESTMENT INCOME

No investment income was excluded from surplus.

8.) DERIVATIVE INSTRUMENTS

The Company's investment objectives do not include holding or issuing derivative financial instruments.

**9.) INCOME TAXES****A. Deferred Tax Assets and Deferred Tax Liabilities****1. The components of the net deferred tax asset/(liability) at December 31 are as follows:**

	2016			2015			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
a. Gross deferred tax assets	\$ -	\$ 3,150	\$ 3,150	\$ 470,265	\$ 5,950	\$ 476,215	\$ (470,265)	\$ (2,800)	\$ (473,065)
b. Statutory valuation allowance adjustment	-	-	-	-	-	-	-	-	-
c. Adjusted gross deferred tax assets	-	3,150	3,150	470,265	5,950	476,215	(470,265)	(2,800)	(473,065)
d. Deferred tax assets nonadmitted	-	-	-	168,011	-	168,011	(168,011)	-	(168,011)
e. Subtotal net admitted deferred tax asset	-	3,150	3,150	302,254	5,950	308,204	(302,254)	(2,800)	(305,054)
f. Deferred tax liabilities	-	-	-	336	-	336	(336)	-	(336)
g. Net admitted deferred tax assets/(net deferred tax liability)	\$ -	\$ 3,150	\$ 3,150	\$ 301,918	\$ 5,950	\$ 307,868	\$ (301,918)	\$ (2,800)	\$ (304,718)

**2. Admission calculation components, SSAP No. 101:**

	2016			2015			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
a. Federal income taxes paid in prior years recoverable through loss carry backs	\$ -	\$ 3,150	\$ 3,150	\$ 164,983	\$ 5,950	\$ 170,933	\$ (164,983)	\$ (2,800)	\$ (167,783)
b. Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation. (The lesser of 2(b)1 and 2(b)2 below)	-	-	-	136,935	-	136,935	(136,935)	-	(136,935)
1. Adjusted gross deferred tax assets expected to be realized following the balance sheet date	-	-	-	136,935	-	136,935	(136,935)	-	(136,935)
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	2,428,389	XXX	XXX	2,278,996	XXX	XXX	149,393
c. Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities	-	-	-	336	-	336	(336)	-	(336)
d. Deferred tax assets admitted as the result of application of SSAP No. 101	\$ -	\$ 3,150	\$ 3,150	\$ 302,254	\$ 5,950	\$ 308,204	\$ (302,254)	\$ (2,800)	\$ (305,054)

**3. Other Admissibility Criteria:**

	a. Ratio percentage used to determine recovery period and threshold limitation amount	2016		2015	
		2016	2015	2016	2015
b. Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above		31398%		1170%	
		\$ 16,189,261		\$ 15,193,306	

**4. Impact of Tax Planning Strategies:**

	2016			2015			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
a. Determination of Adjusted Gross Deferred Tax Assets and Net Admitted Deferred Tax Assets by Tax Character as a Percentage									
1. Adjusted gross DTAs amount from Note 9A1(c)	\$0	\$3,150	\$3,150	\$470,265	\$5,950	\$476,215	(\$470,265)	(\$2,800)	(\$473,065)
2. Percentage of Adjusted Gross DTAs by Tax Character	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
3. Net Admitted Adjusted Gross DTAs Amount from Note 9A1€	\$0	\$3,150	\$3,150	\$302,254	\$5,950	\$308,204	(\$302,254)	(\$2,800)	(\$305,054)
4. Percentage of Net Admitted Adjusted Gross DTAs by Tax Character Because of the impact of Tax Planning Strategies	0.0%	18.9%	18.9%	0.6%	0.0%	0.6%	-0.6%	18.9%	18.3%
b. Does the company's tax planning strategies include the use of reinsurance? Yes [ ] No [ X ]									

**B. The Company has recognized all deferred tax liabilities.****C. Current and Deferred Income Taxes:****1. Current income tax:**

		2016	2015	Change
a. Federal		\$ (411,641)	\$ (35,215)	\$ (376,426)
b. Foreign		-	-	-
c. Subtotal		\$ (411,641)	\$ (35,215)	\$ (376,426)
d. Federal income tax on net capital gains		64,396	9,712	54,684
e. Utilization of capital loss carry-forwards		-	-	-
f. Other		-	-	-
g. Federal and foreign income taxes incurred		\$ (347,245)	\$ (25,503)	\$ (321,742)

**2. Deferred Tax Assets**

		2016	2015	Change
a. Ordinary				
1 Discounting of unpaid losses	\$ -	\$ 264,867	\$ (264,867)	
2 Unearned premium reserve	\$ -	\$ 124,009	\$ (124,009)	
3 Policyholder reserve	\$ -	\$ -	\$ -	
4 Investments	\$ -	\$ -	\$ -	
5 Deferred acquisition costs	\$ -	\$ -	\$ -	
6 Policyholder dividends accrual	\$ -	\$ -	\$ -	
7 Fixed assets	\$ -	\$ -	\$ -	
8 Compensation and benefits accrual	\$ -	\$ 74,642	\$ (74,642)	
9 Pension accrual	\$ -	\$ -	\$ -	
10 Receivables - nonadmitted	\$ -	\$ -	\$ -	
11 Net operating loss carry-forward	\$ -	\$ -	\$ -	
12 Tax credit carry-forward	\$ -	\$ -	\$ -	
13 Other	\$ -	\$ -	\$ -	
14 Accruals	\$ -	\$ 6,748	\$ (6,748)	
15 Amortization of intangibles	\$ -	\$ -	\$ -	
16 Underwriting expenses	\$ -	\$ -	\$ -	
99 Subtotal	\$ -	\$ 470,265	\$ (470,265)	
b. Statutory valuation allowance adjustment				
c. Nonadmitted		\$ 168,011	\$ (168,011)	
d. Admitted ordinary deferred tax assets	\$ -	\$ 302,254	\$ (302,254)	
e. Capital				
1 Investments	\$ 3,150	\$ 5,950	\$ (2,800)	
2 Net capital loss carry-forward	\$ -	\$ -	\$ -	
3 Real estate	\$ -	\$ -	\$ -	
4 Other	\$ -	\$ -	\$ -	
99 Subtotal	\$ 3,150	\$ 5,950	\$ (2,800)	
f. Statutory valuation allowance adjustment				
g. Nonadmitted				
h. Admitted capital deferred tax assets	\$ 3,150	\$ 5,950	\$ (2,800)	
i. Admitted deferred tax assets	\$ 3,150	\$ 308,204	\$ (305,054)	

**3. Deferred Tax Liabilities**

		2016	2015	Change
a. Ordinary				
1 Investments	\$ -	\$ -	\$ -	
2 Fixed assets	\$ -	\$ -	\$ -	
3 Deferred and uncollected premium	\$ -	\$ -	\$ -	
4 Policyholder reserves	\$ -	\$ -	\$ -	
5 Other	\$ -	\$ 336	\$ (336)	
99 Subtotal	\$ -	\$ 336	\$ (336)	
b. Capital				
1 Investments	\$ -	\$ -	\$ -	
2 Real estate	\$ -	\$ -	\$ -	
3 Other	\$ -	\$ -	\$ -	
99 Subtotal	\$ -	\$ -	\$ -	
c. Deferred tax liabilities	\$ -	\$ 336	\$ (336)	
4 Net deferred tax assets/liabilities	\$ 3,150	\$ 307,868	\$ (304,718)	

**D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate**

The Company's income tax expense (benefit) and change in deferred income taxes differs from the amount obtained by applying the federal statutory rate of 35% to net income after dividends to policyholders for the following reasons:

	2016	2015
Income taxes at the statutory rate	\$ 227,049	\$ 175,961
Tax exempt interest deduction	(116,341)	(172,882)
Dividend received deduction	\$ -	\$ -
Other items	14,777	25,066
Total	\$ 125,485	\$ 28,145
Federal and foreign income taxes incurred	\$ (347,245)	\$ (25,503)
Change in net deferred income taxes excluding unrealized	472,730	53,648
Total statutory income taxes	\$ 125,485	\$ 28,145

**E. Operating Loss Carryforwards and Income Taxes Available for Recoupment:**

At December 31, 2016, the Company had no net operating loss carryforwards.

The amount of federal income taxes incurred and available for recoupment in the event of future net losses was as follows: current year \$0; first preceding year \$9,168; second preceding year \$0.

Deposits under IRS Code Section 6603 - The Company has no protective tax deposits made with the Internal Revenue Service.

**F. The Company's federal income tax return is consolidated.****1. The Company's federal income tax return is consolidated with the following entities:**

AAG Insurance Agency, Inc.	Great American Protection Insurance Company
American Empire Insurance Company	Great American Re Inc.
American Empire Surplus Lines Insurance Company	Great American Security Insurance Company
American Empire Underwriters, Inc.	Great American Spirit Insurance Company
American Financial Enterprises, Inc.	Great Southwest Corporation
American Financial Group, Inc.	Hangar Acquisition Corp.
American Highways Insurance Agency, Inc.	Hudson Indemnity, Ltd.
American Money Management Corporation	Indianapolis Union Railway Company (The)
American Premier Underwriters, Inc.	Key Largo Group, Inc.
American Signature Underwriters, Inc.	Lehigh Valley Railroad Company
Annuity Investors Life Insurance Company	Magnolia Alabama Holdings, Inc.
APU Holding Company	Manhattan National Holding Corporation
Associates of the Jersey Company (The)	Manhattan National Life Insurance Company
Bridgefield Casualty Insurance Company	Mid-Continent Assurance Company
Bridgefield Employers Insurance Company	Mid-Continent Casualty Company
Brothers Pennsylvanian Corporation	Mid-Continent Excess and Surplus Insurance Company
Brothers Property Corporation	Mid-Continent Specialty Insurance Services, Inc.
Brothers Property Management Corporation	National Interstate Corporation
Cal Coal, Inc.	National Interstate Insurance Agency, Inc.
Ceres Group, Inc.	National Interstate Insurance Company
Continental General Corporation	National Interstate Insurance Company of Hawaii, Inc.
Crop Managers Insurance Agency, Inc.	Oklahoma Surety Company
Dempsey & Siders Agency, Inc.	One East Fourth, Inc.
Dixie Terminal Corporation	Owasco River Railway, Inc. (The)
Eden Park Insurance Brokers, Inc.	PCC Maryland Realty Corp.
Explorer RV Insurance Agency, Inc.	PCC Real Estate, Inc.
Farmers Crop Insurance Alliance, Inc.	PCC Technical Industries, Inc.
FCIA Management Company, Inc.	Penn Central Energy Management Company
GAI Insurance Company, Ltd.	Penn Towers, Inc.
GAI Mexico Holdings, LLC	Pioneer Carpet Mills, Inc.
GAI Warranty Company	Pittsburgh and Cross Creek Railroad Company
GAI Warranty Company of Florida	Premier Lease & Loan Services Insurance Agency, Inc.
GALIC Brothers, Inc.	Premier Lease & Loan Services of Canada, Inc.
Global Premier Finance Company	Professional Risk Brokers, Inc.
Great American Advisors, Inc.	QQAgency of Texas, Inc.
Great American Agency of Texas, Inc.	Republic Indemnity Company of America
Great American Alliance Insurance Company	Republic Indemnity Company of California
Great American Assurance Company	Risico Management Corporation
Great American Casualty Insurance Company	Safety Claims & Litigation Services, LLC
Great American Contemporary Insurance Company	Safety, Claims and Litigation Services, LLC
Great American E & S Insurance Company	Skipjack Marina Corp.
Great American Fidelity Insurance Company	Summit Consulting, LLC
Great American Financial Resources, Inc.	Summit Holding Southeast, Inc.
Great American Holding, Inc.	TEJ Holdings, Inc.
Great American Insurance Agency, Inc.	Terminal Realty Penn Co.
Great American Insurance Company	Three East Fourth, Inc.
Great American Insurance Company of New York	TransProtection Service Company
Great American Life Insurance Company	Triumph Casualty Company
Great American Lloyd's Insurance Company	Vanliner Insurance Company
Great American Lloyd's, Inc.	Waynesburg Southern Railroad Company
Great American Management Services, Inc.	

2. Pursuant to the tax allocation agreement, the Company's tax expense will be determined based upon its inclusion in the consolidated tax return of American Financial Group, Inc. and its includable subsidiaries. Estimated payments are to be made quarterly during the year. Following year-end, additional settlements will be made on the original due date of the return and, when extended, at the time the return is filed. The method of allocation among the companies under the agreement is based upon separate return calculations with current credit for net losses to the extent the losses provide a benefit in the consolidated tax return.

**G. Federal or Foreign Federal Income Tax Loss Contingencies**

The Company does not have any tax loss contingencies.

**10.) INFORMATION CONCERNING PARENT, SUBSIDIARIES AND AFFILIATES**

A. The Company is an indirect 100% owned subsidiary of American Financial Group, Inc.; 100% of the outstanding common stock of the Company is directly owned by Mid-Continent Casualty Company. See Schedule Y, Part 1, Organizational Chart.

B. Detail of Transactions Greater than 1/2% of Admitted Assets

The Company has not had any transactions with any affiliate exceeding 1/2 of 1% of its total admitted assets during 2016.

C. Change in terms of Intercompany Arrangements – None

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**NOTES TO FINANCIAL STATEMENTS**

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D. Amounts Due to or from Related Parties - The Company has a payable due to Mid-Continent Casualty Company in the amount of \$111,000 as a result of its pooling agreement. The terms of the pooling agreement require that amounts related to the pooling agreement be settled within thirty days.

E. Guarantees or Contingencies for Related Parties - The Company has no guarantees or contingencies for related parties.

F. Management or service contracts and all cost sharing arrangements involving the Company or any affiliated insurer:

1. The Company and affiliated insurance companies have contracts with American Money Management Corporation (an affiliate) which, subject to the direction of the Finance Committees of the companies, provide for management and accounting services related to the investment portfolios.
2. Certain administrative, consultative, printing, office duplicating, telecommunications, purchasing, personnel, data processing and other services are provided under General Services Agreements between the Company and insurance and non-insurance affiliates for which actual costs are allocated on the basis of usage.

G. The Company is an indirect 100% owned subsidiary of American Financial Group, Inc.; 100% of the outstanding common stock of the Company is directly owned by Mid-Continent Casualty Company. See Schedule Y, Part 1, Organizational Chart.

H. The Company owns no shares, either directly or indirectly, of an upstream affiliate or ultimate parent.

I. Investments in Affiliates Greater than 10% of Admitted Assets - The Company does not own shares in any Subsidiary, Controlled or Affiliated Companies.

J. The Company did not recognize any impairment write down for its investments in Subsidiary, Controlled or Affiliated Companies during the statement period.

K. Investment in Foreign Insurance Subsidiary - Not applicable.

L. Investment in Downstream Non-insurance Holding Company - Not applicable.

M. Valuation of Subsidiary, Controlled and Affiliated Entities (excluding U.S. Insurance Entities) – Not applicable.

N. Valuation of U.S. Insurance Subsidiary, Controlled and Affiliated Entities – Not applicable.

11.) DEBT

- A. The Company does not have any outstanding liability for borrowed money.
- B. The Company does not have any agreements with the Federal Home Loan Bank.

12.) RETIREMENT PLAN, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS

- A. Defined Benefit Plans - The Company does not have any defined benefit plans.
- B. Defined Benefit Plan Assets - The Company does not have any defined benefit plans.
- C. Defined Benefit Plan Fair Value of Assets - The Company does not have any defined benefit plans.
- D. Defined Benefit Plans - Rate of Return on Assets Assumptions - The Company does not have any defined benefit plans.
- E. Defined Contribution Plans – The Company does not have any defined contribution plans.
- F. Multiemployer Plans

The Company does not have any multiemployer plans.

- G. Consolidated/Holding Company Plans

Employee Retirement Plan

American Financial Group, Inc. has established the American Financial Group, Inc. 401(k) Retirement and Savings Plan for the benefit of employees of American Financial Group, Inc. and its participating subsidiaries. Substantially all employees meeting minimum requirements regarding service are eligible to participate in this Plan. The Plan is a defined contribution plan in which participating employees are entitled to share in contributions made by the Company on their behalf. The Plan has three types of contributions, including (1) Retirement Contributions made by the Company, (2) 401(k) Contributions made by participating employees, and (3) Matching Contributions made by the Company. The benefits for the Retirement Contributions are based on eligible compensation as defined in the Plan for each year of participation. Funding is determined annually. Each Company contributes an amount for the Retirement Contributions based upon the relationship of its total eligible compensation to total eligible compensation under the Plan for all participating subsidiaries. In addition, participating employees are permitted to make 401(k) Contributions to the Plan. Matching Contributions may be made by the Company based on the amount of 401(k) Contributions made by the participating employees. Plan costs are funded as they accrue and vested benefits are fully funded. Both Retirement Contributions and Matching Contributions to the Plan are subject to the discretion of the Company. The Company has no liability for future contributions to the Plan. At December 31, 2016, the fair market value of the Plan's Retirement Contributions Account assets was \$447,339,127 and the fair market value of the Plan's Matching Contributions Account assets was \$220,256,966. The Company's share of the expense for the plan during 2016 was \$0.

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**NOTES TO FINANCIAL STATEMENTS**

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**Postretirement Benefit Plan**

The Company provides postretirement health care and life insurance benefits to employees meeting age and service requirements through plans sponsored by American Financial Group, Inc. The retiree medical care plan is a contributory plan covering all eligible employees hired prior to 1993; employees hired after 1992 pay the full cost of retiree medical coverage. The Company has established a cap on the total amount of health care costs that are subsidized for the majority of current retirees. All eligible future retirees receive a flat dollar amount contributed to a Retiree Health Reimbursement Arrangement Account. The Company currently pays the full cost of life insurance coverage for past retirees, but no coverage is provided for new retirees after 2005. The medical plan is funded by monthly payments to a trust. Life insurance benefits are provided by insurance contracts. American Financial Group, Inc. has the right to modify or terminate either of these plans in the future. The Company has the right to terminate its participation at any time in the future.

The Company accrues its postretirement benefits over the period the employees qualify for such benefits. At December 31, 2016, the Company's accumulated postretirement benefit obligation was \$0 using a discount rate of 3.25% of which \$0 is currently accrued. Net postretirement benefits costs for the year ended December 31, 2016, were \$0 which includes service cost, interest cost, and amortization of the transition obligation.

The weighted average annual assumed rate of increase in the health care cost trend rate is 6.75% for 2017 and is assumed to decrease gradually to 5% over 7 years and to remain at that level thereafter. The effect of a 1% increase in the assumed health care cost trend rate for each year would increase the accumulated postretirement benefit obligation at December 31, 2016 by 0.

**H. Postemployment Benefits and Compensated Absences**

The Company has accrued for postemployment benefits in accordance with SSAP No. 11.

**I. Impact of Medicare Modernization Act on Postretirement Benefits – There is no impact to the Company under this Act.****13.) CAPITAL AND SURPLUS, DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS**

A. The Company has 10,000 shares of common stock authorized, issued and outstanding with a par value of \$2,500,000, or \$250 per share.

B. The Company has no preferred stock outstanding.

C. The maximum amount of dividends or distributions which may be paid to stockholders by property/casualty insurance companies domiciled in the State of Ohio without (i) prior approval or (ii) expiration of a 30 day waiting period without disapproval of the Director of Insurance is the greater of net income or 10% of policyholders surplus as of the preceding December 31, but only to the extent of earned surplus as of the preceding December 31. Since the Company is presently commercially domiciled in Texas, it must also comply with Texas law which provides that the maximum amount of dividends or distributions which may be paid to stockholders by property/casualty insurance companies domiciled in the state of Taxes without (i) prior approval or (ii) expiration of a 30 day waiting period without disapproval of the Commissioner is the greater of 10% of such insurer's policyholders surplus as of the 31<sup>st</sup> day of December next preceding or net income for the 12 month period ending the 31<sup>st</sup> day of December next preceding. The maximum amount of ordinary dividends or distributions which may be paid in 2017 based on policyholder's surplus is \$1,619,241.

D. The Company did not pay any dividends during 2016.

E. Within the limitations of (C) above, there are no specific restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.

F. There were no restrictions placed on the Company's unassigned funds.

G. Mutual Surplus Advances - Not applicable.

H. No stock of the Company or its affiliates is held by it for special purposes.

I. There are no changes in balances of special surplus funds from the prior year.

J. As of December 31, 2016, the portion of unassigned funds represented or (reduced) by cumulative unrealized gains/(losses) is \$0.

K. The Company does not have any surplus debentures or similar obligations.

L. And M. Quasi Reorganizations - Not applicable.

**14.) LIABILITIES, CONTINGENCIES AND ASSESSMENTS****A. Contingent Commitments**

The Company does not have any contingent commitments.

**B. Assessments**

The Company is subject to guaranty fund and other assessments by the states in which it writes business. Guaranty fund and other assessments should be accrued either at the time the assessments are levied or in the case of premium-based assessments, at the time the premiums are written, or in the case of loss-based assessments, at the time the losses are incurred. The Company has no accrued liability for guaranty fund and other assessments at year end 2016. The amount represents management's best estimate based on information received from the National Conference of Insurance Guaranty Funds and the states in which the Company writes business.

**NOTES TO FINANCIAL STATEMENTS**

## C. Gain Contingencies

The Company does not have any gain contingencies.

## D. Claims Related to Extra Contractual Obligations and Bad Faith Losses Stemming From Lawsuits

The Company paid \$0 on a direct basis in the reporting period to settle claims related extra contractual obligations or bad faith claims stemming from lawsuits.

Number of claims where amounts were paid to settle claims related extra contractual obligations or bad faith claims resulting from lawsuits during the reporting period.

(a) 0-25 Claims	(b) 26-50 Claims	(c) 51-100 Claims	(d) 101-500 Claims	(e) More than 500 Claims
X				

Indicate whether claim count information is disclosed per claim or per claimant.

(f) Per Claim [ x ] (g) Per Claimant [ ]

## E. Product Warranties

The Company does not have any product warranty liabilities.

## F. Joint and Several Liabilities – The Company is not a participant in any joint and several liabilities arrangements.

## G. All Other Contingencies

Uncollectible Premiums Receivable – Based upon the Intercompany Pooling Agreement with its Parent, the Company does not have any bills receivable for premiums, or amounts due from agents and brokers resulting in the need for an assessment of the collectability of other receivables.

Various lawsuits against the Company have arisen in the ordinary course of the Company's business. The Company's management believes that contingent liabilities arising from such litigation and other matters will not have a material effect on the financial position or results of operations of the Company.

15.) LEASES

## A. Lessee Operating Lease

The Company does not have any lease obligations.

## B. Lessor Leases

The Company does not have any leases where it is the lessor.

16.) INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK

The Company does not have any financial instruments with off-balance sheet risk.

17.) SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES

## A. The Company did not sell any receivable balances during 2016.

## B. Transfer and Servicing of Financial Assets – Not applicable.

## C. The Company was not involved in any wash sale transactions during 2016.

18.) GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED A & H PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS

The Company does not serve as an administrator for uninsured accident and health plans or uninsured portions of partially insured plans.

19.) DIRECT PREMIUM WRITTEN PRODUCED BY MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS

The Company did not have any direct premium written by a managing general agent or third party administrator.

20.) FAIR VALUE MEASUREMENTS

## A.

1. Fair Value Measurements at Reporting Date

The Company does not have any liabilities or assets carried at fair value.

2. Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

The Company does not have any Level 3 securities carried at fair value.

3. Fair Value Recognition of Transfers Between Levels

The Company recognizes and records the transfer of securities into and out of Level 3 due to changes in availability of market observable inputs. All transfers are reflected in the table above at fair value as of the end of the reporting period.

**NOTES TO FINANCIAL STATEMENTS****4. Inputs and Techniques Used in Estimating Fair Value**

Level 1 - Quoted prices for identical assets or liabilities in active markets (markets in which transactions occur with sufficient frequency and volume to provide pricing information on an ongoing basis). The Company's Level 1 financial instruments consist primarily of publicly traded equity securities and highly liquid government bonds for which quoted market prices in active markets are available.

Level 2 - Quoted prices for similar instruments in active markets; quoted prices for identical or similar assets or liabilities in inactive markets (markets in which there are few transactions, the prices are not current, price quotations vary substantially over time or among market makers, or in which little information is released publicly); and valuations based on other significant inputs that are observable in active markets. The Company's Level 2 financial instruments include corporate and municipal fixed maturity securities and MBS priced using observable inputs. Level 2 inputs include benchmark yields, reported trades, corroborated broker/dealer quotes, issuer spreads and benchmark securities. When non-binding broker quotes can be corroborated by comparison to similar securities priced using observable inputs, they are classified as Level 2.

Level 3 - Valuations derived from market valuation techniques generally consistent with those used to estimate the fair value of Level 2 financial instruments in which one or more significant inputs are unobservable or when the market for a security exhibits a significantly less liquidity relative to markets supporting Level 2 fair value measurements. The unobservable inputs may include management's own assumptions about the assumptions market participants would use based on the best information available in the circumstances. The Company's Level 3 is comprised of financial instruments whose fair value is estimated based on non-binding broker quotes or internally developed using significant inputs not based on, or corroborated by, observable market information.

The Company's investment manager, American Money Management Corporation (an affiliate) is responsible for the valuation process and uses data from outside sources (including nationally recognized pricing services and broker/dealers) in establishing fair value. Valuation techniques utilized by pricing services and prices obtained from external sources are reviewed by AMMC's internal investment professionals who are familiar with the securities being priced and the markets in which they trade to ensure the fair value determination is representative of an exit price. To validate the appropriateness of the prices obtained, these investment managers consider widely published indices (as benchmarks), recent trades, changes in interest rates, general economic conditions and the credit quality of the specific issuers. In addition, AMMC communicates directly with the pricing service regarding the methods and assumptions used in pricing, including verifying, on a test basis, the inputs used by the service to value specific securities.

- B. The Company has no additional fair value disclosures.
- C. The Company has categorized all the financial assets in the financial statements into the three-level fair value hierarchy as reflected in the following table. See item 4 above for a discussion of each of these three levels.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3
<b>Assets</b>					
<b>Bonds:</b>					
U.S. Government and government agencies	\$ -	\$ -	\$ -	\$ -	\$ -
States, municipalities and political subdivisions	9,118,212	9,104,248	-	7,157,612	1,960,600
Foreign government	-	-	-	-	-
Residential MBS	750,534	749,446	-	750,534	-
Commercial MBS	-	-	-	-	-
Asset Backed Securities	2,260,930	2,260,094	-	1,500,621	760,309
All other bonds	141,525	131,979	-	141,525	-
Total bonds	\$ 12,271,201	\$ 12,245,767	\$ -	\$ 9,550,292	\$ 2,720,909
Preferred stocks (unaffiliated)	-	-	-	-	-
Common stocks (unaffiliated)	-	-	-	-	-
Mortgage loans	-	-	-	-	-
Total financial assets	\$ 12,271,201	\$ 12,245,767	\$ -	\$ 9,550,292	\$ 2,720,909

- D. Not Practicable to Estimate Fair Value – The Company has no financial instruments that fall under this classification.

**21.) OTHER ITEMS**

- A. Unusual or Infrequent Items – Not applicable
- B. Troubled Debt Restructuring for Debtors – Not applicable
- C. Other Disclosures and Unusual Items - None
- D. Business Interruption Insurance Recoveries - Not Applicable
- E. State Transferable and Non-Transferable Tax Credits - The Company does not have any State Transferable or Non-Transferable Tax Credits.

**NOTES TO FINANCIAL STATEMENTS****F. Sub-Prime Mortgage Related Exposure**

1. Included in determining the Company's exposure to sub-prime mortgage loans are the debt and equity securities of companies whose principal business includes the origination, securitization, providing of mortgage insurance on, investment in or management of sub-prime mortgage loans. Also included in such determination are those residential mortgage backed securities and collateral debt obligations in which the ultimate collateral supporting anticipated cash flows are sub-prime mortgage loans. In general, we limit the Company's purchases of sub-prime residential mortgage backed securities to those securities with AAA ratings and whose underlying collateral is fixed-rate (as opposed to adjustable rate).
2. The Company does not have any investments with direct exposure in sub-prime mortgage loans.
3. Direct exposure to subprime mortgage risk through investments in the following securities:

	Actual Cost	Book/Adjusted Carrying Value	Fair Value	OTTI Losses Recognized
Residential mortgage backed securities	\$ 426,067	\$ 426,371	\$ 430,281	
Commercial mortgage backed securities	-	-	-	
Collateralized debt obligations	-	-	-	
Structured securities (including principal protected notes)	-	-	-	
Equity investments in SCA entities	-	-	-	
Other Assets	-	-	-	
<b>Totals</b>	<b>\$ 426,067</b>	<b>\$ 426,371</b>	<b>\$ 430,281</b>	<b>\$ -</b>

4. The Company has no underwriting exposure to subprime mortgage risk through Mortgage Guaranty coverage, Financial Guaranty coverage, Directors and Officers liability coverage, or Errors and Omissions liability coverage.

**G. Insurance-Linked Securities – Not Applicable****22.) EVENTS SUBSEQUENT**

There have not been any events subsequent to December 31, 2016, which may have a material effect on the financial condition of the Company.

**23.) REINSURANCE****A. Unsecured Reinsurance Recoverable**

The Company does not have any unsecured aggregate recoverable for losses, paid and unpaid including IBNR, loss adjustment expenses and unearned premium with any individual reinsurers, authorized or unauthorized, that exceeds 3% of the Company's policyholder surplus.

**B. Reinsurance Recoverable in Dispute**

The Company does not have any reinsurance recoverables on losses in dispute that individually exceed 5% or in the aggregate exceed 10% of its policyholders' surplus.

**C. Reinsurance Assumed and Ceded**

1. The Company's maximum amount of return commission due as a result of cancellation as of December 31, 2016, of all reinsurance agreements would be:

	ASSUMED REINSURANCE		CEDED REINSURANCE		NET	
	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity
	\$ 0	\$ 0	\$ 9,436,794	\$ 1,896,254	\$ (9,436,794)	\$ (1,896,254)
Affiliates - Pooling						
Affiliates - Non-Pooling						
All Other	0	0			0	0
<b>TOTAL</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 9,436,794</b>	<b>\$ 1,896,254</b>	<b>\$ (9,436,794)</b>	<b>\$ (1,896,254)</b>

Direct Unearned Premium Reserve \$ 9,436,794

2. The Company has no obligation for additional or return commission, predicated on loss experience or any other form of profit sharing arrangements, as a result of existing contractual arrangements.

3. The Company does not have any protected cells.

**D. Uncollectible Reinsurance**

The Company did not write-off any reinsurance as uncollectible during 2016.

**E. Commutation of Reinsurance Ceded**

The Company did not book any gain or loss as result of commutations of ceded reinsurance during 2016.

**F. Retroactive Reinsurance**

The Company does not have any retroactive reinsurance agreements in force.

**NOTES TO FINANCIAL STATEMENTS****G. Reinsurance Accounted For As A Deposit**

The Company was not involved in any reinsurance agreements requiring deposit accounting.

**H. Disclosures for the Transfer of Property and Casualty Run-Off Agreements**

The Company has not entered into any property and casualty run-off agreements.

**I. Certified Reinsurer Rating Downgraded or Status Subject to Revocation – Not applicable****J. Reinsurer Agreements Qualifying for Reinsurer Aggregation – No applicable.****24.) RETROSPECTIVELY RATED CONTRACTS**

The Company does not have any accrued retrospectively rated premiums reported as admitted assets.

**25.) CHANGE IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES**

The following table provides an analysis of the change in loss and loss adjustment expense reserves net of reinsurance recoverables for the past two years (in thousands):

	2016	2015
Balance at beginning of period	\$ 8,584	\$ 8,407
Loss and loss adjustment expense incurred:		
Current accident year	0	2,173
Prior accident years	0	433
	<hr/> \$ 0	<hr/> \$ 2,606
Loss and loss adjustment expense payments made for:		
Current accident year	(0)	(290)
Prior accident years	(8,584)	(2,139)
	<hr/> (8,584)	<hr/> (2,429)
Balance at end of period	\$ 0	\$ 8,584

Reserves for incurred losses and loss adjustment expenses attributable to insured events of prior years' increased \$433,000 during 2015 as a result of reestimation of unpaid losses and loss adjustment expenses principally in the general liability, products liability and commercial auto liability lines of business. These increases are generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims. During 2016 the Company's reserves for incurred losses and loss adjustment expenses were transferred to its parent company, Mid-Continent Casualty Company, as a result of the new pooling agreement entered into on January 1, 2016. See Footnote 26 below.

**26.) INTERCOMPANY POOLING ARRANGEMENTS**

Oklahoma Surety Company entered into a new pooling agreement on January 1, 2016 with Mid-Continent Assurance Company, Mid-Continent Excess and Surplus Insurance Company, and their parent, Mid-Continent Casualty Company. The effect is to transfer all direct insurance business of these companies to Mid-Continent Casualty Company who will retain 100% of the premium, losses and expenses of the pooled balances, ceding nothing back to the Company and the other subsidiaries.

Company	NAIC Company Code Number	Participation Percentage
Mid-Continent Casualty Company	23418	100.0%
Oklahoma Surety Company	23426	0.0%
Mid-Continent Assurance Company	15380	0.0%
Mid-Continent Excess and Surplus Insurance Company	13794	0.0%

Mid-Continent Casualty Company's net underwriting results are determined after making cessions to various other affiliated and non-affiliated reinsurers under terms of other reinsurance agreements. These cessions are made subsequent to the pooling of business from the affiliated pool members to Mid-Continent Casualty Company. There are no discrepancies between entries regarding pooled business on the assumed and ceded reinsurance schedules of the lead company and the corresponding entries on the assumed and ceded reinsurance schedules of other pool participants. The Provision for Reinsurance (Schedule F, Part 7) is recorded by Mid-Continent Casualty Company and is not shared with the other pool participants. Uncollectible reinsurance balances which are written off are subject to the terms of the pooling agreement.

As of December 31, 2016, the Company has an amount payable of \$111,000 to its parent company Mid-Continent Casualty Company.

**27.) STRUCTURED SETTLEMENTS**

The amount of reserves no longer carried by the Company for which the Company purchased annuities, with the claimant as payee but for which the Company is contingently liable, is less than 1% of the Company's policyholders' surplus.

**28.) HEALTH CARE RECEIVABLES**

The Company does not have any health care receivables.

**29.) PARTICIPATING POLICIES**

The Company does not have any participating policies.

**30.) PREMIUM DEFICIENCY RESERVES**

Liability carried for premium deficiency reserves	\$ -
Date of the most recent evaluation of this liability	12/31/2016
Was anticipated investment income utilized in the calculation?	YES [ ] NO [ X ]

**31.) HIGH DEDUCTIBLES**

The Company does not participate in any high deductible programs.

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## NOTES TO FINANCIAL STATEMENTS

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32.) DISCOUNTING OF LIABILITIES FOR UNPAID LOSSES OR UNPAID LOSS ADJUSTMENT EXPENSES

The Company does not discount its liabilities for unpaid losses or unpaid loss adjustment expenses.

33.) ASBESTOS/ENVIRONMENTAL RESERVES

The Company does not have exposure to asbestos and environmental claims as contemplated by this disclosure requirement.

34.) SUBSCRIBER SAVINGS ACCOUNTS

The Company is not a reciprocal exchange and, accordingly, has nothing to report.

35.) MULTIPLE PERIL CROP INSURANCE

The Company does not write multiple peril crop insurance.

36.) FINANCIAL GUARANTY INSURANCE

The Company does not write financial guaranty insurance.

**GENERAL INTERROGATORIES****PART 1 - COMMON INTERROGATORIES****GENERAL**

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?  Yes [X]  No [ ]  
If yes, complete Schedule Y, Parts 1, 1A and 2.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?  Yes [X]  No [ ]  N/A [ ]

1.3 State regulating? Ohio

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?  Yes [ ]  No [X]

2.2 If yes, date of change:

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2011

3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2011

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 01/25/2013

3.4 By what department or departments? Ohio Department of Insurance

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments?  Yes [ ]  No [ ]  N/A [X]

3.6 Have all of the recommendations within the latest financial examination report been complied with?  Yes [ ]  No [ ]  N/A [X]

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business?  Yes [ ]  No [X]

4.12 renewals?  Yes [ ]  No [X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business?  Yes [ ]  No [X]

4.22 renewals?  Yes [ ]  No [X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?  Yes [ ]  No [X]

5.2 If yes, provide the name of entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2 NAIC Company Code	3 State of Domicile
Name of Entity		

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?  Yes [ ]  No [X]

6.2 If yes, give full information:

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?  Yes [ ]  No [X]

7.2 If yes,

7.21 State the percentage of foreign control %

7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

8.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board?  Yes [ ]  No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms?  Yes [X]  No [ ]

8.4 If the response to 8.3 is yes, please provide below the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
American Money Management Corporation	Cincinnati, OH	NO	NO	NO	YES
Great American Advisors, Inc.	Cincinnati, OH	NO	NO	NO	YES

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? Ernst & Young, LLP, 1900 Scripps Center, 312 Walnut Street, Cincinnati, Ohio 45202

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?  Yes [ ]  No [X]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?  Yes [ ]  No [X]

10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?  Yes [ ]  No [X]  N/A [ ]

10.6 If the response to 10.5 is no or n/a, please explain:

**GENERAL INTERROGATORIES****PART 1 - COMMON INTERROGATORIES**

The Audit Committee of American Financial Group, Inc., the Company's SOX compliant ultimate parent, is deemed to serve as the Company's Audit Committee for the purposes of compliance with Ohio insurance law.

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
Lisa A. Hays, FCAS, MAAA, Divisional Senior Vice President of Great American Insurance Company, an affiliate, 301 E. 4th Street, Cincinnati, Ohio 45202

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?  Yes [ ]  No [ X ]

12.11 Name of real estate holding company \_\_\_\_\_  
 12.12 Number of parcels involved \_\_\_\_\_  
 12.13 Total book/adjusted carrying value \$ \_\_\_\_\_ 0

12.2 If yes, provide explanation

13. **FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?  Yes [ ]  No [ ]

13.3 Have there been any changes made to any of the trust indentures during the year?  Yes [ ]  No [ ]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?  Yes [ ]  No [ ]  N/A [ ]

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?  Yes [ X ]  No [ ]

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
 (c) Compliance with applicable governmental laws, rules and regulations;  
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
 (e) Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended?  Yes [ ]  No [ X ]

14.21 If the response to 14.2 is yes, provide information related to amendment(s).

14.3 Have any provisions of the code of ethics been waived for any of the specified officers?  Yes [ ]  No [ X ]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?  Yes [ ]  No [ X ]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

**BOARD OF DIRECTORS**

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinator committee thereof?  Yes [ X ]  No [ ]

17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof?  Yes [ X ]  No [ ]

18. Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?  Yes [ X ]  No [ ]

**FINANCIAL**

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?  Yes [ ]  No [ X ]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers \$ \_\_\_\_\_ 0  
 20.12 To stockholders not officers \$ \_\_\_\_\_ 0  
 20.13 Trustees, supreme or grand (Fraternal only) \$ \_\_\_\_\_ 0

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers \$ \_\_\_\_\_ 0  
 20.22 To stockholders not officers \$ \_\_\_\_\_ 0  
 20.23 Trustees, supreme or grand (Fraternal only) \$ \_\_\_\_\_ 0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reporting in the statement?  Yes [ ]  No [ X ]

21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others \$ \_\_\_\_\_  
 21.22 Borrowed from others \$ \_\_\_\_\_  
 21.23 Leased from others \$ \_\_\_\_\_  
 21.24 Other \$ \_\_\_\_\_

22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments?  Yes [ ]  No [ X ]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment \$ \_\_\_\_\_  
 22.22 Amount paid as expenses \$ \_\_\_\_\_  
 22.23 Other amounts paid \$ \_\_\_\_\_

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?  Yes [ ]  No [ X ]

**GENERAL INTERROGATORIES****PART 1 - COMMON INTERROGATORIES**

23.2	If yes, indicate any amounts receivable from parent included in the Page 2 amount:	\$ _____ 0		
<b>INVESTMENT</b>				
24.01	Were all of stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)?	Yes [X] No [ ]		
24.02	If no, give full and complete information, relating thereto:			
24.03	For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided). <u>The company does not engage in securities lending.</u>			
24.04	Does the company's security lending program meet the requirements for a conforming program as outlined in the <i>Risk-Based Capital Instructions</i> ?	Yes [ ] No [ ] N/A [X]		
24.05	If answer to 24.04 is yes, report amount of collateral for conforming programs.	\$ _____		
24.06	If answer to 24.04 is no, report amount of collateral for other programs	\$ _____		
24.07	Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?	Yes [ ] No [ ] N/A [X]		
24.08	Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?	Yes [ ] No [ ] N/A [X]		
24.09	Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?	Yes [ ] No [ ] N/A [X]		
24.10	For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:			
24.101	Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:	\$ _____ 0		
24.102	Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:	\$ _____ 0		
24.103	Total payable for securities lending reported on the liability page:	\$ _____ 0		
25.1	Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is current in force? (Exclude securities subject to Interrogatory 21.1 and 24.03.)	Yes [X] No [ ]		
25.2	If yes, state the amount thereof at December 31 of the current year:			
25.21	Subject to repurchase agreements	\$ _____ 0		
25.22	Subject to reverse repurchase agreements	\$ _____ 0		
25.23	Subject to dollar repurchase agreements	\$ _____ 0		
25.24	Subject to reverse dollar repurchase agreements	\$ _____ 0		
25.25	Placed under option agreements	\$ _____ 0		
25.26	Letter stock or securities restricted as sale – excluding FHLB Capital Stock	\$ _____ 0		
25.27	FHLB Capital Stock	\$ _____ 0		
25.28	On deposit with states	\$ _____ 1,084,319		
25.29	On deposit with other regulatory bodies	\$ _____ 0		
25.30	Pledged as collateral – excluding collateral pledged to an FHLB	\$ _____ 0		
25.31	Pledged as collateral to FHLB – including assets backing funding agreements	\$ _____ 0		
25.32	Other	\$ _____ 0		
25.3	For category (25.26) provide the following:			
	1 Nature of Restriction	2 Description	3 Amount	
			\$ _____	
26.1	Does the reporting entity have any hedging transactions reported on Schedule DB?	Yes [ ] No [X]		
26.2	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.	Yes [ ] No [ ] N/A [X]		
27.1	Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?	Yes [ ] No [X]		
27.2	If yes, state the amount thereof at December 31 of the current year:	\$ _____		
28.	Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC <i>Financial Condition Examiners Handbook</i> ?	Yes [X] No [ ]		
28.01	For all agreements that comply with the requirements of the NAIC <i>Financial Condition Examiners Handbook</i> , complete the following:			
	1 Name of Custodian(s)	2 Custodian's Address		
	The Bank of New York Mellon	One Wall Street, New York, New York 10286		
28.02	For all agreements that do not comply with the requirements of the NAIC <i>Financial Condition Examiners Handbook</i> , provide the name, location and a complete explanation:			
	1 Name(s)	2 Location(s)	3 Complete Explanation(s)	
28.03	Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?	Yes [ ] No [X]		
28.04	If yes, give full and complete information relating thereto:			
	1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
28.05	Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts", "... handle securities"].			
	1 Name of Firm or Individual	2 Affiliation		
	American Money Management Corporation	A		

**GENERAL INTERROGATORIES****PART 1 - COMMON INTERROGATORIES**

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets?

Yes [ ] No [X]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets?

Yes [ ] No [X]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
161853	American Money Management Corporation	54930048Y5YTQDRCSM 84	SEC	DS

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

Yes [ ] No [X]

29.2 If yes, complete the following schedule:

1 CUSIP	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 TOTAL		

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

		1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1	Bonds	16,249,307	16,274,743	25,436
30.2	Preferred Stocks	0	0	0
30.3	Totals	16,249,307	16,274,743	25,436

30.4 Describe the sources or methods utilized in determining the fair values:

Fair values for bonds and preferred stocks are determined by internal investment professionals at American Money Management Corporation (the manager of the Company's investment portfolio) using data from nationally recognized pricing services, broker quotes and available trade information. When data from these sources is not available (typically less than 1% of the portfolio), prices are developed internally by the investment professionals using widely published indices (as benchmarks), interest rates, issuer spreads, credit quality of the specific issuer and general economic conditions.

Yes [X] No [ ]

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes [X] No [ ]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes [ ] No [X]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

For the securities that were priced using broker prices, American Money Management Corporation obtains data from brokers that are familiar with the securities being priced and the markets in which they trade.

32.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed?

Yes [X] No [ ]

32.2 If no, list exceptions:

**OTHER**

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ 0

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
	\$

34.1 Amount of payments for legal expenses, if any? \$ 0

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
	\$

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$ 0

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
	\$

**GENERAL INTERROGATORIES****PART 2 – PROPERTY & CASUALTY INTERROGATORIES**

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes [ ]	No [X]
1.2	If yes, indicate premium earned on U.S. business only.	\$	0
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$	0
1.31	Reason for excluding:		
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	\$	0
1.5	Indicate total incurred claims on all Medicare Supplement insurance.	\$	0
1.6	Individual policies:		
	Most current three years:		
1.61	Total premium earned	\$	0
1.62	Total incurred claims	\$	0
1.63	Number of covered lives		0
	All years prior to most current three years:		
1.64	Total premium earned	\$	0
1.65	Total incurred claims	\$	0
1.66	Number of covered lives		0
1.7	Group policies:		
	Most current three years:		
1.71	Total premium earned	\$	0
1.72	Total incurred claims	\$	0
1.73	Number of covered lives		0
	All years prior to most current three years:		
1.74	Total premium earned	\$	0
1.75	Total incurred claims	\$	0
1.76	Number of covered lives		0
2.	Health Test:		
		1 Current Year	2 Prior Year
2.1	Premium Numerator	\$ 0	\$ 0
2.2	Premium Denominator	\$ 0	\$ 4,182,080
2.3	Premium Ratio (2.1/2.2)		
2.4	Reserve Numerator	\$ 0	\$ 0
2.5	Reserve Denominator	\$ 0	\$ 10,356,584
2.6	Reserve Ratio (2.4/2.5)		
3.1	Does the reporting entity issue both participating and non-participating policies?	Yes [ ]	No [X]
3.2	If yes, state the amount of calendar year premiums written on:		
3.21	Participating policies	\$ 0	
3.22	Non-participating policies	\$ 0	
4.	FOR MUTUAL REPORTING ENTITIES AND RECIPROCAL EXCHANGES ONLY:		
4.1	Does the reporting entity issue assessable policies?	Yes [ ]	No [ ]
4.2	Does the reporting entity issue non-assessable policies?	Yes [ ]	No [ ]
4.3	If assessable policies are issued, what is the extent of the contingent liability of the policyholders?		%
4.4	Total amount of assessments paid or ordered to be paid during the year on deposit notes or contingent premiums.	\$ 0	
5.	FOR RECIPROCAL EXCHANGES ONLY:		
5.1	Does the exchange appoint local agents?	Yes [ ]	No [ ]
5.2	If yes, is the commission paid:		
5.21	Out of Attorney's-in-fact compensation	Yes [ ]	No [ ]
5.22	As a direct expense of the exchange	Yes [ ]	N/A [ ]
5.3	What expenses of the exchange are not paid out of the compensation of the Attorney-in-fact?	Yes [ ]	No [ ]
5.4	Has any Attorney-in-fact compensation, contingent on fulfillment of certain conditions, been deferred?	Yes [ ]	No [ ]
5.5	If yes, give full information:		
6.1	What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss? <u>The Company does not write workers' compensation insurance.</u>		
6.2	Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process: <u>Reinsured 100% by Mid-Continent Casualty Company - See Note 26.</u>		
6.3	What provision has this reporting entity made (such as catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss? <u>Reinsured 100% by Mid-Continent Casualty Company - See Note 26.</u>		
6.4	Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence?	Yes [X]	No [ ]
6.5	If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured catastrophic loss:		
7.1	Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)?	Yes [ ]	No [X]

**GENERAL INTERROGATORIES****PART 2 – PROPERTY & CASUALTY INTERROGATORIES**

7.2	If yes, indicate the number of reinsurance contracts containing such provisions.	0	Yes [ ] No [ ]
7.3	If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?		
8.1	Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured?		Yes [ ] No [X]
8.2	If yes, give full information		
9.1	Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:		
	(a) A contract term longer than two years and the contract is noncancelable by the reporting entity during the contract term;		
	(b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;		
	(c) Aggregate stop loss reinsurance coverage;		
	(d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;		
	(e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or		
	(f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity?		Yes [ ] No [X]
9.2	Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:		
	(a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or		
	(b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract.		Yes [ ] No [X]
9.3	If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:		
	(a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;		
	(b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and		
	(c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.		
9.4	Except for transactions meeting the requirements of paragraph 31 of SSAP No. 62R, <i>Property and Casualty Reinsurance</i> , has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:		
	(a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or		
	(b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP?		Yes [ ] No [X]
9.5	If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.		
9.6	The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:		
	(a) The entity does not utilize reinsurance; or		Yes [ ] No [X]
	(b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or		Yes [ ] No [X]
	(c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement.		Yes [X] No [ ]
10.	If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurance a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done?		Yes [X] No [ ] N/A [ ]
11.1	Has the reporting entity guaranteed policies issued by any other entity and now in force?		Yes [ ] No [X]
11.2	If yes, give full information		
12.1	If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the assets schedule, Page 2, state the amount of corresponding liabilities recorded for:		
12.11	Unpaid losses	\$ _____ 0	
12.12	Unpaid underwriting expenses (including loss adjustment expenses)	\$ _____ 0	
12.2	Of the amount on Line 15.3, Page 2, state the amount that is secured by letters of credit, collateral and other funds?	\$ _____ 0	
12.3	If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses?		Yes [ ] No [X] N/A [ ]
12.4	If yes, provide the range of interest rates charged under such notes during the period covered by this statement:		
12.41	From	% _____	
12.42	To	% _____	
12.5	Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies?		Yes [ ] No [X]
12.6	If yes, state the amount thereof at December 31 of current year:		
12.61	Letters of Credit	\$ _____ 0	
12.62	Collateral and other funds	\$ _____ 0	
13.1	Largest net aggregate amount insured in any one risk (excluding workers' compensation):	\$ _____ 0	
13.2	Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision?		Yes [ ] No [X]
13.3	State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic	1	

**GENERAL INTERROGATORIES****PART 2 – PROPERTY & CASUALTY INTERROGATORIES**

facilities or facultative obligatory contracts) considered in the calculation of the amount.

14.1 Is the reporting entity a cedant in a multiple cedant reinsurance contract? Yes [ ] No [ X ]

14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants:

14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts? Yes [ ] No [ ]

14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements? Yes [ ] No [ ]

14.5 If the answer to 14.4 is no, please explain:

15.1 Has the reporting entity guaranteed any financed premium accounts? Yes [ ] No [ X ]

15.2 If yes, give full information

16.1 Does the reporting entity write any warranty business? Yes [ ] No [ X ]

If yes, disclose the following information for each of the following types of warranty coverage:

	1 Direct Losses Incurred	2 Direct Losses Unpaid	3 Direct Written Premium	4 Direct Premium Unearned	5 Direct Premium Earned
16.11 Home	\$ 0 \$	0 \$	0 \$	0 \$	0
16.12 Products	\$ 0 \$	0 \$	0 \$	0 \$	0
16.13 Automobile	\$ 0 \$	0 \$	0 \$	0 \$	0
16.14 Other*	\$ 0 \$	0 \$	0 \$	0 \$	0

\* Disclose type of coverage:

17.1 Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F-Part 3 that it excludes from Schedule F-Part 5. Yes [ ] No [ X ]

Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from inclusion in Schedule F-Part 5. Provide the following information for this exemption:

17.11 Gross amount of unauthorized reinsurance in Schedule F-Part 3 excluded from Schedule F-Part 5	\$ 0
17.12 Unfunded portion of Interrogatory 17.11	\$ 0
17.13 Paid losses and loss adjustment expenses portion of Interrogatory 17.11	\$ 0
17.14 Case reserves portion of Interrogatory 17.11	\$ 0
17.15 Incurred but not reported portion of Interrogatory 17.11	\$ 0
17.16 Unearned premium portion of Interrogatory 17.11	\$ 0
17.17 Contingent commission portion of Interrogatory 17.11	\$ 0

Provide the following information for all other amounts included in Schedule F-Part 3 and excluded from Schedule F-Part 5, not included above.

17.18 Gross amount of unauthorized reinsurance in Schedule F-Part 3 excluded from Schedule F-Part 5	\$ 0
17.19 Unfunded portion of Interrogatory 17.18	\$ 0
17.20 Paid losses and loss adjustment expenses portion of Interrogatory 17.18	\$ 0
17.21 Case reserves portion of Interrogatory 17.18	\$ 0
17.22 Incurred but not reported portion of Interrogatory 17.18	\$ 0
17.23 Unearned premium portion of Interrogatory 17.18	\$ 0
17.24 Contingent commission portion of Interrogatory 17.18	\$ 0

18.1 Do you act as a custodian for health savings accounts? Yes [ ] No [ X ]

18.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ 0

18.3 Do you act as an administrator for health savings accounts? Yes [ ] No [ X ]

18.4 If yes, please provide the balance of the funds administered as of the reporting date. \$ 0

**FIVE-YEAR HISTORICAL DATA**

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e. 17.6.

	1 2016	2 2015	3 2014	4 2013	5 2012
<b>Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 &amp; 3)</b>					
1. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....	12,852,903	22,167,358	20,115,122	11,295,262	10,616,971
2. Property lines (Lines 1, 2, 9, 12, 21 & 26).....	2,037,730	2,671,359	1,914,280	1,166,000	1,057,559
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....	(243)	1,068	6,814	8,402	12,231
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....	2,597,221	2,939,689	2,395,633	1,833,306	1,741,832
5. Nonproportional reinsurance lines (Lines 31, 32 & 33).....					
6. Total (Line 35).....	17,487,611	27,779,474	24,431,849	14,302,970	13,428,593
<b>Net Premiums Written (Page 8, Part 1B, Col. 6)</b>					
7. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....	(1,469,440)	3,259,020	3,806,772	3,702,983	3,451,130
8. Property lines (Lines 1, 2, 9, 12, 21 & 26).....	(171,688)	431,018	508,503	489,047	462,704
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....	(243)	1,068	6,814	8,402	12,231
10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....	(130,177)	245,450	250,886	196,809	216,933
11. Nonproportional reinsurance lines (Lines 31, 32 & 33).....					
12. Total (Line 35).....	(1,771,548)	3,936,556	4,572,975	4,397,241	4,142,998
<b>Statement of Income (Page 4)</b>					
13. Net underwriting gain (loss) (Line 8).....		(139,143)	248,790	267,160	1,894,097
14. Net investment gain (loss) (Line 11).....	587,073	635,317	639,577	825,640	904,749
15. Total other income (Line 15).....	(2,759)	(3,140)	(2,753)	(2,592)	(2,276)
16. Dividends to policyholders (Line 17).....					
17. Federal and foreign income taxes incurred (Line 19).....	(411,641)	(35,215)	164,758	221,058	772,092
18. Net income (Line 20).....	995,955	528,249	720,856	869,150	2,024,478
<b>Balance Sheet Lines (Pages 2 and 3)</b>					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3).....	16,459,875	26,333,295	27,303,657	27,769,708	28,725,411
20. Premiums and considerations (Page 2, Col. 3):					
20.1 In course of collection (Line 15.1).....					
20.2 Deferred and not yet due (Line 15.2).....					
20.3 Accrued retrospective premiums (Line 15.3).....					
21. Total liabilities excluding protected cell business (Page 3, Line 26).....	267,464	10,832,121	10,686,819	10,170,935	9,997,117
22. Losses (Page 3, Line 1).....		6,135,400	5,913,499	5,770,682	5,204,285
23. Loss adjustment expenses (Page 3, Line 3).....		2,449,636	2,494,314	2,149,539	2,758,891
24. Unearned premiums (Page 3, Line 9).....		1,771,548	2,017,073	1,919,541	1,779,597
25. Capital paid up (Page 3, Lines 30 & 31).....	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000
26. Surplus as regards policyholders (Page 3, Line 37).....	16,192,411	15,501,174	16,616,838	17,598,773	18,728,294
<b>Cash Flow (Page 5)</b>					
27. Net cash from operations (Line 11).....	(2,169,649)	563,123	1,655,422	1,216,024	595,787
<b>Risk-Based Capital Analysis</b>					
28. Total adjusted capital.....	16,192,411	15,501,174	16,616,838	17,598,773	18,728,294
29. Authorized control level risk-based capital.....	51,561	1,298,775	1,146,470	1,035,232	1,055,844
<b>Percentage Distribution of Cash, Cash Equivalents and Invested Assets</b>					
(Page 2, Col. 3) (Item divided by Page 2, Line 12, Col. 3) x 100.0					
30. Bonds (Line 1).....	74.7	80.9	81.5	85.8	79.1
31. Stocks (Lines 2.1 & 2.2).....					
32. Mortgage loans on real estate (Lines 3.1 & 3.2).....					
33. Real estate (Lines 4.1, 4.2 & 4.3).....					
34. Cash, cash equivalents and short-term investments (Line 5).....	25.3	19.1	18.5	14.2	20.9
35. Contract loans (Line 6).....					
36. Derivatives (Line 7).....					
37. Other invested assets (Line 8).....					
38. Receivables for securities (Line 9).....		0.0			
39. Securities lending reinvested collateral assets (Line 10).....					
40. Aggregate write-ins for invested assets (Line 11).....					
41. Cash, cash equivalents and invested assets (Line 12).....	100.0	100.0	100.0	100.0	100.0
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
42. Affiliated bonds (Sch. D, Summary, Line 12, Col. 1).....					
43. Affiliated preferred stocks (Sch. D, Summary, Line 18, Col. 1).....					
44. Affiliated common stocks (Sch. D, Summary, Line 24, Col. 1).....					
45. Affiliated short-term investments					
(subtotals included in Schedule DA, Verification, Column 5, Line 10).....					
46. Affiliated mortgage loans on real estate.....					
47. All other affiliated.....					
48. Total of above lines 42 to 47.....	0	0	0	0	0
49. Total investment in parent included in Lines 42 to 47 above.....					
50. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0).....	0.0				

**FIVE-YEAR HISTORICAL DATA**

(Continued)

	1 2016	2 2015	3 2014	4 2013	5 2012
<b>Capital and Surplus Accounts (Page 4)</b>					
51. Net unrealized capital gains (losses) (Line 24).....					.....56,888
52. Dividends to stockholders (Line 35).....		.....(1,600,000)	.....(1,700,000)	.....(2,000,000)	.....
53. Change in surplus as regards policyholders for the year (Line 38).....	691,237	.....(1,115,664)	.....(981,935)	.....(1,129,521)	.....1,980,828
<b>Gross Losses Paid (Page 9, Part 2, Cols. 1 &amp; 2)</b>					
54. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....	8,233,424	.....2,537,683	.....2,223,564	.....2,293,358	.....2,162,395
55. Property lines (Lines 1, 2, 9, 12, 21 & 26).....	866,114	.....542,647	.....243,843	.....383,838	.....395,986
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....	30,315	.....591	.....3,142	.....642	.....5,780
57. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....	21,488	.....265,327	.....(1,898)	.....(1,361)	.....8,794
58. Nonproportional reinsurance lines (Lines 31, 32 & 33).....					
59. Total (Line 35).....	9,151,341	.....3,346,248	.....2,468,651	.....2,676,477	.....2,572,955
<b>Net Losses Paid (Page 9, Part 2, Col. 4)</b>					
60. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....	6,028,881	.....1,140,819	.....905,665	.....1,120,481	.....947,785
61. Property lines (Lines 1, 2, 9, 12, 21 & 26).....	51,376	.....177,838	.....183,828	.....250,104	.....213,236
62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....	30,315	.....591	.....3,142	.....642	.....5,780
63. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....	24,828	.....17,008	.....(1,909)	.....(1,361)	.....31,907
64. Nonproportional reinsurance lines (Lines 31, 32 & 33).....					
65. Total (Line 35).....	6,135,400	.....1,336,256	.....1,090,726	.....1,369,866	.....1,198,708
<b>Operating Percentages (Page 4)</b> (Item divided by Page 4, Line 1) x 100.0					
66. Premiums earned (Line 1).....	100.0	.....100.0	.....100.0	.....100.0	.....100.0
67. Losses incurred (Line 2).....		.....37.3	.....27.6	.....45.5	.....(6.5)
68. Loss expenses incurred (Line 3).....		.....25.1	.....30.5	.....11.6	.....23.7
69. Other underwriting expenses incurred (Line 4).....		.....41.0	.....36.4	.....36.6	.....36.3
70. Net underwriting gain (loss) (Line 8).....		.....(3.3)	.....5.6	.....6.3	.....46.5
<b>Other Percentages</b>					
71. Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0).....	.....(0.2)	.....43.6	.....35.7	.....35.5	.....35.7
72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0).....		.....62.3	.....58.1	.....57.1	.....17.2
73. Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35, divided by Page 3, Line 37, Col. 1 x 100.0).....	.....(10.9)	.....25.4	.....27.5	.....25.0	.....22.1
<b>One Year Loss Development (000 omitted)</b>					
74. Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2-Summary, Line 12, Col. 11).....		.....306	.....(25)	.....120	.....(1,186)
75. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year-end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100).....		.....1.8	.....(0.1)	.....0.6	.....(7.1)
<b>Two Year Loss Development (000 omitted)</b>					
76. Development in estimated losses and loss expenses incurred 2 years before the current year and prior year (Schedule P, Part 2-Summary, Line 12, Col. 12).....		.....388	.....226	.....(942)	.....(1,124)
77. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior-year end (Line 76 above divided by Page 4, Line 21, Col. 2 x 100.0).....		.....2.2	.....1.2	.....(5.6)	.....(7.3)

If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, *Accounting Changes and Correction of Errors*?

Yes  No 

If no, please explain:

**Sch. P - Pt. 1**  
**NONE**

**Sch. P - Pt. 2**  
**NONE**

**Sch. P - Pt. 3**  
**NONE**

**Sch. P - Pt. 4**  
**NONE**

**Oklahoma Surety Company**  
**SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

Allocated by States and Territories

States, Etc.	1 Active Status	Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Premiums on Policies Not Taken		4 Dividends Paid or Credited to Policyholders on Direct Business	5 Direct Losses Paid (Deducting Salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Finance and Service Charges not Included in Premiums	9 Direct Premiums Written for Federal Purchasing Groups (Incl. in Col. 2)
		2 Direct Premiums Written	3 Direct Premiums Earned						
1. Alabama.....	AL ..N.								
2. Alaska.....	AK ..N.								
3. Arizona.....	AZ ..N.								
4. Arkansas.....	AR ..L.	396,941	401,960		166,319	183,065	341,151		
5. California.....	CA ..N.								
6. Colorado.....	CO ..N.								
7. Connecticut.....	CT ..N.								
8. Delaware.....	DE ..N.								
9. District of Columbia.....	DC ..N.								
10. Florida.....	FL ..N.								
11. Georgia.....	GA ..N.								
12. Hawaii.....	HI ..N.								
13. Idaho.....	ID ..N.								
14. Illinois.....	IL ..N.								
15. Indiana.....	IN ..N.								
16. Iowa.....	IA ..N.								
17. Kansas.....	KS ..L.	2,485,107	2,856,046		302,639	370,249	.930,775		
18. Kentucky.....	KY ..N.								
19. Louisiana.....	LA ..L.	9,868	8,397						
20. Maine.....	ME ..N.								
21. Maryland.....	MD ..N.								
22. Massachusetts.....	MA ..N.								
23. Michigan.....	MI ..N.								
24. Minnesota.....	MN ..N.								
25. Mississippi.....	MS ..N.								
26. Missouri.....	MO ..N.								
27. Montana.....	MT ..N.								
28. Nebraska.....	NE ..N.								
29. Nevada.....	NV ..N.								
30. New Hampshire.....	NH ..N.								
31. New Jersey.....	NJ ..N.								
32. New Mexico.....	NM ..N.								
33. New York.....	NY ..N.								
34. North Carolina.....	NC ..N.								
35. North Dakota.....	ND ..N.								
36. Ohio.....	OH ..L.	21,339	39,659						
37. Oklahoma.....	OK ..L.	9,209,818	10,888,113		1,476,621	1,670,743	2,703,441		
38. Oregon.....	OR ..N.								
39. Pennsylvania.....	PA ..N.								
40. Rhode Island.....	RI ..N.								
41. South Carolina.....	SC ..N.								
42. South Dakota.....	SD ..N.								
43. Tennessee.....	TN ..N.								
44. Texas.....	TX ..L.	7,136,086	7,377,793		1,070,362	1,343,264	4,204,476		
45. Utah.....	UT ..N.								
46. Vermont.....	VT ..N.								
47. Virginia.....	VA ..N.								
48. Washington.....	WA ..N.								
49. West Virginia.....	WV ..N.								
50. Wisconsin.....	WI ..N.								
51. Wyoming.....	WY ..N.								
52. American Samoa.....	AS ..N.								
53. Guam.....	GU ..N.								
54. Puerto Rico.....	PR ..N.								
55. US Virgin Islands.....	VI ..N.								
56. Northern Mariana Islands.....	MP ..N.								
57. Canada.....	CAN ..N.								
58. Aggregate Other Alien.....	OT XXX	.0	.0	.0	.0	.0	.0	.0	0
59. Totals.....	(a) ..6	19,259,159	21,571,968	0	3,015,941	3,567,321	8,179,843	0	0

## DETAILS OF WRITE-INS

58001.....	XXX								
58002.....	XXX								
58003.....	XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 thru 58003+ Line 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0	0

(a) Insert the number of "L" responses except for Canada and Other Alien.

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;

(E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.

Explanation of Basis of Allocation of Premiums by States, etc.

Fire, Allied lines, Farmowners multiple peril, and Commercial multiple peril - Location of property insured; Inland marine - Address of insured or state of principal exposure; Liability other than auto - Location of plant or premises of insured; Auto liability and Auto physical damage - Location of principal garage of insured; Fidelity: Check forgery bonds - Location of assured, United States Government employee bonds - Location of employee, All other - Location of employer; Surety: Judicial bonds - Location of court, License bonds - Location of obligee, All contracts - Location of work, Supply bonds - Location of contractor, and All other - Location of principal.

**Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group**  
**Part 1 - Organizational Chart**

Domiciliary Location	FEIN	NAIC Co. Code
OH	31-1544320	
DE	31-6549738	
DE	16-6543606	
DE	16-6543609	
CT	31-0996797	
OH	31-0828578	
OH	27-1577326	
DE	27-2829629	
OH	41-2112001	
PA	23-6000765	
NJ	23-6297584	
IL	37-1094159	
DE	95-2802826	
IN	35-6001691	
PA	13-6400464	
PA	46-1665396	
DE	20-1548213	
AL	20-1574094	
MI	46-1852532	
OH	46-1480078	
NY	13-6021353	
NY	31-1236926	
DE	76-0080537	
MD	31-1388401	
DE	06-1209709	
PA	23-1537928	
PA	46-3246684	
NJ	23-6000766	
PA	23-6207599	
DC	23-1707450	
PA	23-1675796	
BMU	98-1073776	
GBR		
OH	31-1446308	
WA	91-1242743	
WA	91-1508644	
DE	31-1262960	
OH	31-0823725	
BMU	98-0606803	
GBR	98-0556144	
GBR		
Neon Capital Limited (fka Marketform Group Limited)		
Neon Holdings (U.K.) Limited (fka Marketform Holdings Limited)		
Lavenham Underwriting Limited #		98-0412245
Marketform Hong Kong Limited		
Neon Management Services Limited (fka Marketform Management Services Limited)		
Neon Service Company (U.K.) Limited (fka Marketform Limited)		
Marketform Australia Pty Limited		
Studio Marketform SRL		
Neon Underwriting Bermuda Limited		
Neon Underwriting Limited (fka Marketform Managing Agency Limited)		
Sampford Underwriting Limited #		98-0431601
Spectrum Agency Limited		

\* Denotes insurer

@ Company affiliated but not owned

# Participant in Lloyd's Syndicate 2468

Subsidiaries 100% owned by respective parent unless otherwise stated

^ Total percentage owned by respective parent and other affiliated companies

**Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group**  
**Part 1 - Organizational Chart**

	<b>Domiciliary Location</b>	<b>FEIN</b>	<b>NAIC Co. Code</b>
American Financial Group, Inc.			
Great American Financial Resources, Inc. ^	OH	31-1544320	
AAG Insurance Agency, Inc.	DE	06-1356481	
Ceres Group, Inc.	KY	31-1422717	
Continental General Corporation	DE	34-1017531	
QQAgency of Texas, Inc.	NE	47-0717079	
Great American Advisors, Inc.	TX	34-1947042	
Great American Life Insurance Company *	OH	31-1395344	
Annuity Investors Life Insurance Company *	OH	13-1935920	63312
Bay Bridge Marina Hemingway's Restaurant, LLC (85%)	MD	27-4078277	
Bay Bridge Marina Management, LLC (85%)	MD	27-0513333	
Brothers Management, LLC (99%)	FL	20-1246122	
Charleston Harbor Fishing, LLC	SC	81-3737639	
GA Key Lime, LLC ^	OH	47-5618395	
GALIC - Bay Bridge Marina, LLC	MD	20-4604276	
GALIC - Sorrento, LLC ^	FL	45-5565693	
GALIC Brothers, Inc. (80%)	OH	31-1391777	
GALIC Pointe, LLC ^	FL	45-1144095	
Manhattan National Holding Corporation	OH	26-3260520	
Manhattan National Life Insurance Company *	OH	45-0252531	67083
Skipjack Marina Corp.	MD	52-2179330	
Great American Holding, Inc.	OH	42-1575938	
Agricultural Services, LLC	OH	27-3062314	
American Empire Surplus Lines Insurance Company *	DE	31-0912199	35351
American Empire Insurance Company *	OH	31-0973761	37990
American Empire Underwriters, Inc.	TX	59-1671722	
GAI Australia Pty Ltd	AUS		
Great American International Insurance Designated Activity Company *	IRL		
Mid-Continent Casualty Company *	OH	73-0556513	23418
Mid-Continent Assurance Company *	OH	73-1406844	15380
Mid-Continent Excess and Surplus Insurance Company *	DE	38-3803661	13794
Mid-Continent Specialty Insurance Services, Inc.	OK	30-0571535	
Oklahoma Surety Company *	OH	73-0773259	23426
Republic Indemnity Company of America *	CA	95-2801326	22179
Republic Indemnity Company of California *	CA	31-1054123	43753
Summit Consulting, LLC	FL	59-1683711	
Heritage Summit Healthcare, LLC	FL	59-3385208	
Summit Holding Southeast, Inc.	FL	59-3409855	
Bridgefield Employers Insurance Company*	FL	59-1835212	10701
Bridgefield Casualty Insurance Company*	FL	59-3269531	10335

\* Denotes insurer

@ Company affiliated but not owned

# Participant in Lloyd's Syndicate 2468

Subsidiaries 100% owned by respective parent unless otherwise stated

^ Total percentage owned by respective parent and other affiliated companies

**Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group**  
**Part 1 - Organizational Chart**

Domiciliary Location	FEIN	NAIC Co. Code
OH	31-1544320	
OH	31-0501234	16691
OH	31-1463075	
OH	59-2840291	
PA	25-1754638	
OH	59-2840294	
OH	20-4498054	
KS	31-1277904	
OH	31-0589001	
CA	31-1341668	
MEX		
MEX		
KS	39-1404033	
NY	13-3628555	
NY		
DE	81-0814136	
OH	31-1753938	
FL	31-1765544	
CAN		
OH	61-1329718	
TX	74-2693636	
OH	95-1542353	26832
OH	15-6020948	26344
OH	61-0983091	39896
OH	36-4079497	10646
DE	31-0954439	37532
DE	31-1036473	41858
OH	31-1652643	
NY	13-5539046	22136
TX	31-0974853	38024
TX	31-1073664	
OH	31-0856644	
OH	31-1288778	38580
DE	31-0918893	
OH	31-1209419	31135
OH	31-1237970	33723
GBR		
FL	59-1263251	
OH	34-1607394	
OH	34-1899058	
OH	31-1548235	
CYM	98-0191335	
VIR	66-0660039	
OH	34-1607396	
SC		
OH	34-1607395	32620
OH	99-0345306	11051
MO	43-1254631	
OH	95-3623282	41106
MO	86-0114294	21172
MT	20-5546054	
OH	46-4570914	
CAN	871850814	
IL	31-1293064	
OH	31-0686194	
OH	31-0883227	
OH	31-1119320	
OH	31-0728327	

\* Denotes insurer

@ Company affiliated but not owned

# Participant in Lloyd's Syndicate 2468

Subsidiaries 100% owned by respective parent unless otherwise stated

^ Total percentage owned by respective parent and other affiliated companies

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